

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 708820

1. Entity Name
**CENTRAL MISSIONARY BAPTIST CHURCH OF WEST
HOLLYWOOD, INC.**



Principal Place of Business
**5001 SW 20 ST
HOLLYWOOD, FL 33023 US**

Mailing Address
**5001 SW 20 ST
HOLLYWOOD, FL 33023 US**

DO NOT WRITE IN THIS SPACE



01242005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2536313

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WYNN, ABARON
2441 W UTOPIA DRIVE
MIRAMAR, FL 33023**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WYNN, ABARON
2441 W UTOPIA DRIVE
MIRAMAR, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WILLIAMS, ANNA
9121 N W 4TH AVE
MIAMI, FL 33150**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BROWN, ROSALIND J
1144 N E 209 TERR
NORTH MIAMI BEACH, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ADAMS, THELMA R
20020 N W 13TH AVE
MIAMI, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000211699
02/02/05-80130-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/05 305.569.7257