

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 710518

1. Entity Name
THE DRAKE MEMORIAL BAPTIST CHURCH, INC.



Principal Place of Business
**5800 N.W. 2ND AVENUE
MIAMI, FL 33127**

Mailing Address
**5800 N.W. 2ND AVENUE
MIAMI, FL 33127**



01132006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number
59-1913971

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GABE-CORNELIUS, JACKIE
19115 N.W. 10TH AVENUE
MIAMI, FL 33169**

**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, 2006**

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
**T
PASSMORE, LARRY
11460 S.W. 192ND STREET
MIAMI, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
FAIR, ARTHUR
8535 N.W. 31ST COURT
MIAMI, FL 33147**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GABE-CORNELIUS, JACKIE
19115 N.W. 10TH AVENUE
MIAMI, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DRIVER, RON
5720 N.W. 5TH AVENUE
MIAMI, FL 33127**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WELLS, LEOLA
559 N.W. 58TH STREET
MIAMI, FL 33127**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MAURICE, EARNESTINE
1260 N.W. 32ND STREET
MIAMI, FL 33142**

1000000393088
01/25/06-80007-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Arthur Fair
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____