

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90238 019 \*\*\*\*70.00

**DOCUMENT #711634**

1. Entity Name  
**THE FIRST BAPTIST CHURCH OF NORTH MIAMI, INC.**



Principal Place of Business  
**12905 NE 8TH AVE.  
NORTH MIAMI, FL 33161**

Mailing Address  
**12905 NE 8TH AVE.  
NORTH MIAMI, FL 33161**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-0809624**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, DIANNA  
5471 NW 174 DR  
OPA LOCKA, FL 33055**

7. Name and Address of New Registered Agent

Name **Victor Grindle**

Street Address (P.O. Box Number is Not Acceptable)  
**12905 NE 8th Ave**

City **North Miami**

FL

Zip Code **33161**

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

**Victor Grindle**

*Victor Grindle*

**3/20/06**

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

(NOTE: Registered Agent signature required when reissuing)

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**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **GILLIMORE, GERALD OLIVER JR**  
STREET ADDRESS **75 NE 134TH STREET**  
CITY-ST-ZIP **MIAMI, FL 33161**

TITLE **RASD** ☒ Delete  
NAME **JONES, DIANNA**  
STREET ADDRESS **5471 N.W. 174 DRIVE**  
CITY-ST-ZIP **OPA LOCKA, FL 33055**

TITLE **TD** ☐ Delete  
NAME **PEARSON, RUTH**  
STREET ADDRESS **1470 NE 125 TERR 611**  
CITY-ST-ZIP **N MIAMI, FL 33161**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **Gallimore, Gerald Oliver Jr.**  
STREET ADDRESS **12905 NE 8th Ave**  
CITY-ST-ZIP **North Miami, FL 33161**

TITLE **Registered Agent/Director** ☐ Change ☒ Addition  
NAME **Victor Grindle**  
STREET ADDRESS **12905 NE 8th Ave**  
CITY-ST-ZIP **North Miami, FL 33161**

TITLE **Secretary/Director/Treas.** ☒ Change ☐ Addition  
NAME **Ruth Pearson**  
STREET ADDRESS **12905 NE 8th Ave**  
CITY-ST-ZIP **North Miami, FL 33161**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 reports 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 #