


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 712253</b> 1. Entity Name HILL TOP MISSIONARY BAPTIST CHURCH, INC.					
Principal Place of Business 1273 WEST 30TH STREET RIVIERA BCH FL 33404-3531				Mailing Address 1273 WEST 30TH STREET RIVIERA BCH FL 33404-3531	
2. Principal Place of Business  Suite, Apt #, etc		3. Mailing Address  Suite, Apt #, etc.			
City & State		City & State		4. FEI Number <b>59-2411378</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DONAWAY, ERMA J.</b> <b>1521 13TH STREET</b> <b>RIVIERA BEACH FL 33404</b>				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVIS, REV GRIFFIN 1134 W 25TH ST RIVIERA BEACH FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GOLDWIRE, PHILIP 1324 W 36TH ST RIVIERA BEACH FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JOHNSON, JULIUS 619 52ND STREET WEST PALM BCH FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, WILLIE L 13841 W 28 STR RIVIERA BCH FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, WILLIE 1540 W 29TH STREET RIVIERA BEACH FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCBRIDE, CHARLES 1635 W 32ND STREET RIVIERA BEACH FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <b>U000000519550</b>  <b>05/02/06-80059-001 70.00</b> </div>				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 no address, with all other files empowered.					
<b>SIGNATURE:</b> <i>Rev Griffin Davis</i> <b>Rev Griffin Davis</b> <span style="float: right;"><b>(561) 844-33</b></span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					