


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 712343 1. Entity Name CENTRAL BAPTIST CHURCH OF MIAMI, FLORIDA, (INCORPORATED)					
Principal Place of Business 500 NORTHEAST FIRST AVENUE MIAMI, FL 33132			Mailing Address 500 NORTHEAST FIRST AVENUE MIAMI, FL 33132		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0651075	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CROCKETT, JERRY 4000 SOUTHEAST FINANCIAL CENTER 200 S BISCAYNE BLVD. MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CADET, EDLYNE <input type="checkbox"/> Delete 233 NW 49 STREET MIAMI, FL 33127				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ANSLEY, JENISU <input type="checkbox"/> Delete 1125 SW 100 CT MIAMI, FL 33174				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRYDER, CHARLES <input type="checkbox"/> Delete 5660 PINETREE DRIVE MIAMI BCH, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CADET, EDNA <input type="checkbox"/> Delete 233 NW 49 STREET MIAMI, FL 33127				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, LYDIA S <input type="checkbox"/> Delete 2333 BRICKELL AVE. #305 MIAMI, FL 33129				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACTON, DAVID <input type="checkbox"/> Delete 10421 SW 89 AVE. MIAMI, FL				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Jenise Ansley</u> 305-221-8808 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					