


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90020 027 ****70.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0651075	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CROCKETT, JERRY 4000 SOUTHEAST FINANCIAL CENTER 200 S BISCAYNE BLVD. MIAMI, FL 33131				Name Edlyne Cadet Street Address (P.O. Box Number is Not Acceptable) 233 NW 49 St. City Miami FL Zip Code 33127	
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 <u><i>Edlyne Cadet</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 7-25-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee Is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CADET, EDLYNE 233 NW 49 STREET MIAMI, FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ANSLEY, JENISU 1125 SW 100 CT MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRYDER, CHARLES 5660 PINETREE DRIVE MIAMI BCH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Michael Kilpatrick 156 Carlisle Drive Miami Springs, FL 33166 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CADET, EDNA 233 NW 49 STREET MIAMI, FL 33127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Elizabeth MacAdam 5245 NW 112 Ave. #6 Doral, FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, LYDIA S 2333 BRICKELL AVE. #305 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACTON, DAVID 10421 SW 89 AVE. MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Edlyne Cadet</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 7-25-07 Daytime Phone # 305-585-6184	