

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 712435

1. Entity Name
ST. MARK MISSIONARY BAPTIST CHURCH, INC.



FILED
Mar 04, 2005 08:00 AM
Secretary of State

Principal Place of Business
1470 NW 87TH ST
MIAMI, FL 33147

Mailing Address
1470 NW 87TH ST
MIAMI, FL 33147

DO NOT WRITE IN THIS SPACE

(712435=====N)

01242005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2085818

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JACKSON WILLIAMS, ROSA
2761 NW 174TH ST
MIAMI GARDENS, FL 33056

**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

Rosa T. Jackson Williams

Feb. 6, 2005

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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, JOSEPH F
STREET ADDRESS	2030 N.W. 89TH STREET
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	D
NAME	HARRIS, WILLIE J
STREET ADDRESS	8770 N.W. 22 PLACE
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	SD
NAME	JONES, DAISY L
STREET ADDRESS	17220 N.W. 11 AVE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	PD
NAME	WILLIAMS, JOSEPH F
STREET ADDRESS	2030 NW 89TH ST
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	TD
NAME	EVANS, GERALEEN
STREET ADDRESS	3020 NW 152ND TER
CITY-ST-ZIP	MIAMI GARDENS, FL 33054
TITLE	C
NAME	JENKINS, BESSIE
STREET ADDRESS	8505 NW 17TH AVE
CITY-ST-ZIP	MIAMI, FL 33147

U00000251815
03/05/05-80001-007 8.75

U00000251815
03/05/05-80001-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Bessie Jenkins

Feb. 6, 2005 (305) 691-8861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #