


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90443 001 \*\*\*\*61.25  
03-19-2007 90443 002 \*\*\*\*\*8.75

<b>DOCUMENT # 712435</b> 1. Entity Name <b>ST. MARK MISSIONARY BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>1470 NW 87TH ST MIAMI, FL 33147</b>			Mailing Address <b>1470 NW 87TH ST MIAMI, FL 33147</b>		
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 <b>59-2085818</b>	
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>JACKSON WILLIAMS, ROSA 2761 NW 174TH ST MIAMI GARDENS, FL 33056</b>			7. Name and Address of New Registered Agent Name <b>Jeffrey Redmon</b> Street Address (P.O. Box Number is Not Acceptable) <b>115 Northwest 208 Street</b> City <b>Miami Gdn, FL 33169</b> <b>FL</b> Zip Code <b>33169</b>		
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 <i>Jeffrey Redmon</i> (Jeffrey Redmon)			DATE <b>2/26/07</b>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</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	PD WILLIAMS, JOSEPH F 2030 N.W. 89TH STREET MIAMI, FL 33147	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Redmon, Jeffrey 115 Northwest 208th Street Miami Gardens, FL 33169
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, WILLIE J 8770 N.W. 22 PLACE MIAMI, FL 33147	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Mitchell, Larry 441 Northeast 146th Terrace North Miami, FL 33169
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, DAISY L 17220 N.W. 11 AVE MIAMI, FL 33169	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Mitchell, Larry 441 Northeast 146th Terrace North Miami, FL 33169
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, JOSEPH F 2030 NW 89TH ST MIAMI, FL 33147	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Mitchell, Larry 441 Northeast 146th Terrace North Miami, FL 33169
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EVANS, GERALREEN 3020 NW 152ND TER MIAMI GARDENS, FL 33054	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Mitchell, Larry 441 Northeast 146th Terrace North Miami, FL 33169
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JENKINS, BESSIE 8505 NW 17TH AVE MIAMI, FL 33147	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Mitchell, Larry 441 Northeast 146th Terrace North Miami, FL 33169
<input type="checkbox"/> Change <input checked="" 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: <i>Daisy L. Jones</i>			DATE: <b>2/26/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE #: <b>954-747-2104</b>		