

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90106 031 ****61.25

DOCUMENT # 712556

1. Entity Name
**NORTH PALM BAPTIST CHURCH OF HIALEAH, FLORIDA
(INCORPORATED)**



Principal Place of Business
**7801 NORTHWEST 178 STREET
HIALEAH, FL 33015**

Mailing Address
**7801 NORTHWEST 178 STREET
HIALEAH, FL 33015**

00011000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1160884

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAHERAS, DEBORA W
8421 NW 172 ST
HIALEAH, FL 33015**

Name **Elena R. Sung**

Street Address (P.O. Box Number is Not Acceptable)

8798 NW 150 ST.

City **Miami Lakes**

FL

Zip Code
33018

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

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **RYALS, CHARLOTTE**
STREET ADDRESS **751 NW 89 TERR.**
CITY-ST-ZIP **PEMBROKE PINES, FL**

TITLE **SD** ☐ Change ☐ Addition
NAME **Ryals, Charlotte**
STREET ADDRESS **751 NW 89 Terr.**
CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE **PD** ☒ Delete
NAME **MCCORMICK, ROBERT M**
STREET ADDRESS **18483 NW 22 STREET**
CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE **PD** ☐ Change ☒ Addition
NAME **Samuel Rodriguez**
STREET ADDRESS **13130 NW 81 St.**
CITY-ST-ZIP **Hialeah, FL 33015**

TITLE **TDV** ☒ Delete
NAME **MAHERAS, DEBORA W**
STREET ADDRESS **8421 NW 172 ST**
CITY-ST-ZIP **HIALEAH, FL 33015**

TITLE **TDV** ☐ Change ☒ Addition
NAME **Elena R. Sung**
STREET ADDRESS **8798 NW 150 ST.**
CITY-ST-ZIP **Miami Lakes, FL 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

ELENA R. SUNG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07 (305) 558-2032
Date Daytime Phone #