2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 29, 2008 08:00 Al Secretary of State

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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



02152008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-1160884 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUNG, ELENA R 8798 NW 150 ST HIALEAH, FL 33018

SIGNATURE:

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	named entity submits this statement for the tions of registered agent.	e purpose of changing its registered o	ffice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept						
SIGNATURE Signature, typed or printed name of registered agent and late if applicable. (NO1E: Registered Agent segnature required when reinstating) DATE											
* -,	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financing Trust Fund Contribution.	, a	\$5.00 May Be Added to Fees	000000843822 03/12/08-80010-025 61.25						
10.	OFFICERS AND DIR	ECTORS									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RYALS, CHARLOTTE 751 NW 89 TERR. PEMBROKE PINES, FL										
TITLE NAME STREET ADDRESS CITY-S1-ZIP	PD RODRIGUEZ, SAMUEL 18130 NW 81 CT HIALEAH, FL 33015										
NAME STREET ADDRESS CITY-ST-ZIP	TDV SUNG, ELENA R 8798 NW 150 ST HIALEAH, FL 33018 TDV DO NOT WRITE										
TITLE NAME STREET ADDRESS CITY-S1-ZIP				IN '	THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP											
TITLE NAME STREET ADDRESS CITY-SI-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.											