


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90220 026 ****70.00

DOCUMENT # 712995					
1. Entity Name ST. MARY'S MISSIONARY BAPTIST CHURCH OF NORTH MIAMI BEACH, INC.					
Principal Place of Business 1550 NE 152ND TERRACE NORTH MIAMI BEACH, FL 33162			Mailing Address 1550 NE 152ND TERRACE NORTH MIAMI BEACH, FL 33162		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0881009	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAMPBELL, MARY 1592 NE 151ST TERRACE NORTH MIAMI BEACH, FL 33162				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P	<input type="checkbox"/> Delete	TITLE	MADEAN PAYNE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUDGE, WAYNE		NAME	125 NW 191ST	
STREET ADDRESS	3130 SW 35TH AVE		STREET ADDRESS	MIAMI, FL 33169	
CITY - ST - ZIP	HOLLYWOOD, FL 33023		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORBETT, LAWRENCE		NAME		
STREET ADDRESS	3925 NW 195TH ST		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33056		CITY - ST - ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	INGRAM, UNIS		NAME		
STREET ADDRESS	1901 NW 4TH STREET		STREET ADDRESS		
CITY - ST - ZIP	POMPANO, FL 33160		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAYNE, FREDDIE		NAME		
STREET ADDRESS	125 NW 191 ST		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33169		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, MARY		NAME		
STREET ADDRESS	1592 NE 151ST TERRACE		STREET ADDRESS		
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33162		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRIS, CARMEN		NAME		
STREET ADDRESS	693 N E 82ND TERRACE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33138		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: <u>Carmen Morris</u> <u>4/22/06</u> <u>305-257-8943</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #