

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712995

FILED
Apr 27, 2009
Secretary of State

Entity Name: ST. MARY'S MISSIONARY BAPTIST CHURCH OF NORTH MIAMI BEACH, INC.

Current Principal Place of Business:

1550 NE 152ND TERRACE
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

1550 NE 152ND TERRACE
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-0881009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAMPBELL, MARY
1592 NE 151ST TERRACE
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FUDGE, DWAYNE
Address: 3130 S W 35TH AVE
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: CORBETT, LAWRENCE
Address: 3925 NW 195TH ST
City-St-Zip: MIAMI, FL 33056

Title: VP () Delete
Name: PAYNE, MARDEAN
Address: 125 NW 191ST
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: PAYNE, FREDDIE
Address: 125 NW 191 ST
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: CAMPBELL, MARY
Address: 1592 NE 151ST TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Delete
Name: MORRIS, CARMEN
Address: 693 N E 82ND TERRACE
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN MORRIS

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date