

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90404 050 ****61.25

DOCUMENT # 713390

1. Entity Name

HOLY TEMPLE MISSIONARY BAPTIST CHURCH OF
OPA LOCKA, FLORIDA, INC.



Principal Place of Business

2341 N.W. 143RD ST.
OPA LOCKA FL 33054

Mailing Address

2341 N.W. 143RD ST.
OPA LOCKA FL 33054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1934254

Applied For

Not Applicable

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

BUSSEY, HENRY J
541 SHAFAR AVE
OPA LOCKA FL 33054

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE D ☐ Delete
NAME MCCULLOUGH, CLAUDE
STREET ADDRESS 1460 N.W. 182 STREET
CITY-ST-ZIP MIAMI FL 33169

TITLE T ☒ Delete
NAME GRAHAM, KAREN
STREET ADDRESS 2001 SW 117TH AVE.
CITY-ST-ZIP MIRAMAR FL 33025

TITLE T ☐ Delete
NAME KING, BETTY
STREET ADDRESS 3537 NW 213TH ST.
CITY-ST-ZIP CAROL CITY FL 33056

TITLE T ☐ Delete
NAME GAMES, LEONARD
STREET ADDRESS 2031 WILIMINGTON STREET
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE TC ☐ Delete
NAME BUSSEY, HENRY DAVID
STREET ADDRESS 541 SHAFAR AVE
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition
NAME JAMES, LEONARD
STREET ADDRESS 2311 YUCCA AVENUE
CITY-ST-ZIP Pembroke Pines, FL 33026

TITLE ☐ Change ☐ Addition
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #