


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2007 8:00 am**  
**Secretary of State**

07-12-2007 90055 034 \*\*\*\*61.25

<b>DOCUMENT # 713390</b> 1. Entity Name <b>HOLY TEMPLE MISSIONARY BAPTIST CHURCH OF OPA-LOCKA, FLORIDA, INC.</b>						
Principal Place of Business <b>2341 N.W. 143RD ST. OPA LOCKA, FL 33054</b>			Mailing Address <b>2341 N.W. 143RD ST. OPA LOCKA, FL 33054</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		4. FEI Number <b>59-1934254</b>		
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable		
6. Name and Address of Current Registered Agent <b>BUSSEY, HENRY J 541 SHAFAR AVE OPA LOCKA, FL 33054</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
SIGNATURE <i>[Signature]</i>				(Chairman) <b>7-8-07</b> DATE		
Filing Fee is \$61.25 Due by September 14, 2007			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 NAME STREET ADDRESS CITY-ST-ZIP	D <b>MCCULLOUGH, CLAUDE</b> <b>1460 N.W. 182 STREET</b> <b>MIAMI, FL 33169</b>	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>KING, BETTY</b> <b>3537 NW 213TH ST.</b> <b>CAROL CITY, FL 33056</b>	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>JAMES, LEONARD</b> <b>2311 YUCCA AVENUE</b> <b>PEMBROKE PINES, FL 33026</b>	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC <b>BUSSEY, HENRY DAVID</b> <b>541 SHAFAR AVE</b> <b>OPA LOCKA, FL 33054</b>	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>Walter Parrimore</b> <b>3261 NW 207 ST.</b> <b>Miami Gardens FL 33056</b>	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>JAMES, LEONARD</b> <b>5235 SW 149TH AVE</b> <b>MICAMAR, FL 33027</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>Walter Parrimore</b> <b>3261 NW 207 ST.</b> <b>Miami Gardens FL 33056</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>Walter Parrimore</b> <b>3261 NW 207 ST.</b> <b>Miami Gardens FL 33056</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 <i>[Signature]</i>				07-08-07 305-681-7883 Date Daytime Phone #		