

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**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**

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Aug 08, 2008 08:00 AM**  
**Secretary of State**



07232008 No Chg-NP CR2E037 (4/06)

4. FEI Number **59-1934254** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**8. Name and Address of Current Registered Agent**

**BUSSEY, HENRY J  
541 SHAFAR AVE  
OPA LOCKA, FL 33054**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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

TITLE T  
NAME JAMES, LEONARD  
STREET ADDRESS 5235 SW 149TH AVE  
CITY-ST-ZIP MIRAMAR, FL 33027

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

TITLE T  
NAME PARRIMORE, WALTER  
STREET ADDRESS 3261 NW 207TH ST  
CITY-ST-ZIP MIAMI GARDENS, FL 33056

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000957292  
08/08/08-80003-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-3-08**

Date

Daytime Phone # \_\_\_\_\_