2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR) FILED DOCUMENT # 713893 Feb 02, 2007 08:00 AM 1. Entity Namo **Secretary of State** THE PILGRIM REST MISSIONARY BAPTIST CHURCH OF MIAMI, FLORIDA, INCORPORATED Principal Place of Business Mailing Address 7510 N.W. 15TH AVENUE MIAMI FL 33147 7510 N.W. 15TH AVENUE MIAMI FL 33147 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. otc 1st MOORE CR2E037 (10/06) Applied For City & Stato City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PONDER, EARL Street Address (P.O. Box Number is Not Acceptable) 7510 N.W. 15TH AVENUE **MIAMI FL 33147** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to . \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition THLE Delete IIILE Change NAME JOHNSON, BRAWL NAME STREET ADDRESS STREET ADDRESS 1725 NW 84 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33147 Change ☐ Addition THLE Delete TITLE NAME NAME MCGEE, LACARLOS BRO. STREET ADDRESS STREET ADDRESS 1300 NW 2 AVE. CITY - ST - ZIP MIAMI FL 33136 CHY-ST-7IP U0000<u>0618983</u> U2/U8/U7-80054-00th dbange25 (Addition IIILE Delete THIE Т NAM NAME MCCALL, LULA SIS. STREET ADDRESS STREELADDRESS 7523 NW 15 AVE. CITY-S1-ZIP CITY-ST-ZIP MIAMI FL 33147 ☐ Change ☐ Addition TITLE ☐ Delete IIILE NAME NAME CONLEY, SUSAN SIS STREET ADDRESS STREET ADDRESS 2090 SERVICE RD. CITY ST-ZIP CITY-ST-ZIP OPA LOCKA FL 33054 Change Addition Delete TITLE TITLE BRAWNS, JOHNSON NAMI. NAME

I hereby cortify 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 logal effect as if made under eath, 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CHY-S1-ZIP

CITY-ST-ZIP

TITLE

NAME

1725 NW 84 ST

MIAMI FL 33147

☐ Delete

Haw 28, 2007 305-835-01/6

Change

☐ Addition