

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714085

FILED
Jan 11, 2009
Secretary of State

Entity Name: MEMORIAL TEMPLE MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

16600 N W 44 CT
OPA LOCKA, FL 330546035

New Principal Place of Business:

Current Mailing Address:

16600 N W 44 CT
OPA LOCKA, FL 330546035

New Mailing Address:

FEI Number: 59-2159884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX REV., ELLISE
2430 N.W. 183RD ST
MIAMI, FL 33056 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: PD () Delete
Name: HOLLOMAN, FAYE
Address: 2853 SW 176TH WAY
City-St-Zip: MIRAMAR, FL 33029

Title: S () Delete
Name: CLOTMAN, GAIL S
Address: 3940 NW 187TH ST.
City-St-Zip: MIAMI, FL 33054

Title: TD () Delete
Name: STIRRUP, LUCILLE,
Address: 5215 N.W. 29TH CT.
City-St-Zip: MIAMI, FL 33142

Title: VP () Delete
Name: JONES, JIMMIE
Address: 3585 SW 69TH AVE
City-St-Zip: MIAMI, FL 33055

Title: TR () Delete
Name: THAJGARD, MOSES
Address: 4501 NW 171 TERR.
City-St-Zip: MIAMI, FL 33054

Title: TR () Delete
Name: SINKFIELD, ARTIE
Address: 18110 NW 25TH AVE
City-St-Zip: MIAMI, FL 33056

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
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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: LUCILLE STIRRUP

TD

01/11/2009

Electronic Signature of Signing Officer or Director

Date