

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90233 033 ****61.25

DOCUMENT # 717259 1. Entity Name UNION GROVE MISSIONARY BAPTIST CHURCH OF MIAMI, FL. INC.					
Principal Place of Business 2905 N.W. 62ND STREET MIAMI, FL 33147-7631			Mailing Address P.O. BOX 470025 MIAMI, FL 33247		
2. Principal Place of Business <i>2905 N.W. 62nd St.</i>			3. Mailing Address <i>P.O. Box 470025</i>		
Suite, Apt. #, etc. -			Suite, Apt. #, etc. -		
City & State <i>Miami Florida</i>			City & State <i>Miami Florida</i>		
Zip <i>33147</i>		Country <i>U.S.A.</i>		Zip <i>33147</i>	
Country <i>U.S.A.</i>		4. FEI Number NOT APPLICABLE			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURNS, THELMA 1220 NW 200TH ST MIAMI, FL 33169					
7. Name and Address of New Registered Agent Name: <i>Pamela Bracks</i> Street Address (P.O. Box Number (Not Acceptable)): <i>7936 N.W. 18th Ave</i> <i>Miami</i> City: <i>Miami</i> FL Zip Code: <i>33147</i>					
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <i>3-12-06</i> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
TITLE	FS	<input type="checkbox"/> Delete			
NAME	SMITH, THOMAS				
STREET ADDRESS	17321 NW 47TH AVE				
CITY-ST-ZIP	MIAMI GARDEN, FL 33055				
TITLE	D	<input type="checkbox"/> Delete			
NAME	MCINTYRE, ROBBIE				
STREET ADDRESS	1700 N.W. 81ST STREET				
CITY-ST-ZIP	MIAMI, FL				
TITLE	PT	<input checked="" type="checkbox"/> Delete			
NAME	SMALL, HENRY				
STREET ADDRESS	2475 N.W. 92ND STREET				
CITY-ST-ZIP	MIAMI, FL				
TITLE	Trustee President Trustee	<input checked="" type="checkbox"/> Delete			
NAME	BURNS, THELMA C				
STREET ADDRESS	1220 NW 200TH ST				
CITY-ST-ZIP	MIAMI, FL 33169				
TITLE	T	<input checked="" type="checkbox"/> Delete			
NAME	PERRIN, YON				
STREET ADDRESS	3000 NW 188TH ST				
CITY-ST-ZIP	MIAMI, FL 33056				
TITLE	CD	<input type="checkbox"/> Delete			
NAME	MACK, JAMES				
STREET ADDRESS	2331 NW 172 TERR				
CITY-ST-ZIP	MIAMI, FL 33056				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	Church Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Pamela Bracks				
STREET ADDRESS	7936 N.W. 18th Ave				
CITY-ST-ZIP	Miami Fla. 33147				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Leola P. Mack				
STREET ADDRESS	2831 NW 172 Terr.				
CITY-ST-ZIP	Miami Garden Fl. 33056				
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 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> <i>3-12-06</i> <i>955 303-2809</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					