

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 717259

1. Entity Name
UNION GROVE MISSIONARY BAPTIST CHURCH OF
MIAMI, FL. INC.



FILED
Aug 04, 2008 08:00 AM
Secretary of State

Principal Place of Business
2905 N.W. 62ND STREET
MIAMI, FL 33147

Mailing Address
P.O. BOX 470025
MIAMI, FL 33147



07312008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROOKS, PAMELA
7936 NW 18TH DR
MIAMI, FL 33147

**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 remitting)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
FS
SMITH, THOMAS
17321 NW 47TH AVE
MIAMI GARDEN, FL 33055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCINTYRE, ROBBIE
1700 N.W. 81ST STREET
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CS
BROOKS, PAMELA
7936 SW 18TH AVE
MIAMI, FL 33147

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
BURNS, THELMAS C
1220 NW 200TH ST
MIAMI, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MACK, LEOLA P
2831 NW 172ND TERR
MIAMI GARDENS, FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MACK, JAMES
2331 NW 172 TERR
MIAMI, FL 33056

**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

Date

Daytime Phone #

305-836-4839