2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # 718844** 1. Entity Name 04-29-2005 90230 034 ****61.25 THE CHRISTIAN FELLOWSHIP MISSIONARY BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 8100 N.W. 17TH AVENUE 8100 N.W. 17TH AVENUE CHURCH CHURCH MIAMI FL 33147 MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address Suite Ant. # etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State 4. FEI Number Applied For City & State 59-1726047 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLEMAN, CHARLES E. Street Address (P.O. Box Number is Not Acceptable) 853 NW 74TH STREET **MIAMI FL 33150** Zip Code FL 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 thè 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10 Addition ☐ Change TITLE ☐ Delete TITLE COLEMAN, CHARLES E, REV NAME NAME 853 N.W. 74TH ST. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete MOORE, RHUNETTE D NAME 2700 NW 50TH ST STREET ADDRESS STREET ADDRESS MIAMI FL 33127 CITY-ST-ZIP CITY-ST-7IP Change Detete Addition TITLE THILE PINDER, JONATHAN NAME NAME Sherriel Turner 2101 NW 56TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 CITY-ST-ZIP Change ☐ Addition ☐ Delete BROWN, CHARLES NAME NAME 1600 NW 89TH ST STREET ADDRESS STREET ADDRESS MIAMI FL 33147 CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE JACKSON, JOANN Y NAME NAME 14545 N.W. 11TH COURT STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Defete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

4-24-05

Date

305 688-2363

Devtime Phone #

Joann Y. Jackson

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dickso

SIGNATURE:

FILED