

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 719640**

1. Entity Name  
**ST. PETERS MISSIONARY BAPTIST CHURCH OF  
PERRINE, INC.**



Principal Place of Business  
**17901 S.W. 107TH AVENUE  
MIAMI, FL 33157**

Mailing Address  
**17901 S.W. 107TH AVENUE  
MIAMI, FL 33157**

**DO NOT WRITE IN THIS SPACE**



03012005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-6208761**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WILSON, JOHN W  
10835 S.W. 141 LANE  
MIAMI, FL 33176**

**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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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  
**P  
SUMPTER, JOE L SR REV  
20110 SW 114 AVE  
MIAMI, FL 33189**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
COX, HUEL  
19800 SW 110 CT  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
BARTLEY, ALMA T.  
10201 SW 157 ST  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
JOHNSON, HUEL  
17125 SW 107TH COURT  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SV  
GIBSON, WARREN  
12791 SW 187 TERR  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TR  
WILSON, JOHN W.  
10835 SW 141 LANE  
MIAMI, FL**

000000290131  
04/06/05-80053-015 70.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-5-05 (305) 575-3194**