

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90034 003 ****70.00

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04182007 Chg-NP CR2E037 (12/06)

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 59-6208761				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, JOHN W 10835 S.W. 141 LANE MIAMI, FL 33176			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COX, HUEL 19800 S W 110TH CT MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete <i>Deceased</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gibson, Warren 12791 S.W. 187 Terrace Miami, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARTLEY, ALMA T. 10201 S W 157TH STREET MIAMI, FL 33157	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, HUEL 17125 SW 107TH COURT MIAMI, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GIBSON, WARREN 12791 SW 187 TERR MIAMI, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Tracy Scott 16217 SW 104th Ave Miami, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, JOHN W. 10835 SW 141 LANE MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>John W. Wilson</i> John W. Wilson <i>4/22/07</i> 305-575-3194					