# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2005**
**Secretary of State**

DOCUMENT# 720106

**Entity Name:** SOUTH DADE BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

17105 S.W. 296 ST.
P.O. BOX 1589
HOMESTEAD, FL 330908589

**New Principal Place of Business:**

**Current Mailing Address:**

17105 S.W. 296 ST.
P.O. BOX 1589
HOMESTEAD, FL 330908589

**New Mailing Address:**

**FEI Number: 59-1141825** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LONG, BILL PASTOR
16901 SW 296 STREET
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete
Name: LONG, BILL PASTOR
Address: 17105 SW 296 STREET
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D ( ) Delete
Name: JOE, WHEELER
Address: 1538 NW 8TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030 US

Title: T ( ) Delete
Name: LOCKHART, ROBERT
Address: 30400 SW 193 AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: D (X) Delete
Name: MARTSCHINSKE, DON
Address: 52 NW 18 STREET
City-St-Zip: HOMESTEAD, FL 33035 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MARTSCHINSKE, DON
Address: 52 NW 18 STREET
City-St-Zip: HOMESTEAD, F 33035

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASTOR BILL LONG C 04/29/2005

Electronic Signature of Signing Officer or Director — Date