


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

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| DOCUMENT # 720505 1. Entity Name 93 ST. COMMUNITY MISSIONARY BAPTIST CHURCH, INC. |  |
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| Principal Place of Business 2330 N.W. 93RD STREET MIAMI, FL 33147 | Mailing Address 2330 N.W. 93RD STREET MIAMI, FL 33147 |
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DO NOT WRITE IN THIS SPACE



07072006 No Chg-NP CR2E037 (4/06)

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|---|---------------------------------------|
| 4. FEI Number 65-0014830 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

JOHNSON, CARL
 2264 SW 182 WAY
 MIRAMAR, FL 33029

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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 September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PC JOHNSON, CARL REV 2264 SW 182 WAY MIRAMAR, FL 33029 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP WITHERSPOON, CLYDE 2251 NW 90TH STREET MIAMI, FL 33147 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS JOHNSON, FERNIE 2320 NW 92 ST MIAMI, FL 33147 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT WRIGHT, ELLA K 2234 SW 164 AVE MIRAMAR, FL 33027 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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U00000570729
 07/18/06-80008-008 61.25

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 #