

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 28, 2009
Secretary of State**

DOCUMENT# 720505

Entity Name: 93 ST. COMMUNITY MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

2330 N.W. 93RD STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

2330 N.W. 93RD STREET
MIAMI, FL 33147

New Mailing Address:

FEI Number: 65-0014830 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, CARL
2264 SW 182 WAY
MIRAMAR, FL 33029 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: PC () Delete
Name: JOHNSON, CARL REV
Address: 2264 SW 182 WAY
City-St-Zip: MIRAMAR, FL 33029

Title: DVP () Delete
Name: WITHERSPOON, CLYDE
Address: 2251 NW 90TH STREET
City-St-Zip: MIAMI, FL 33147

Title: DS () Delete
Name: JOHNSON, FERNIE
Address: 2320 NW 92 ST
City-St-Zip: MIAMI, FL 33147

Title: DT () Delete
Name: WRIGHT, ELLA K
Address: 2234 SW 164 AVE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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: CARL JOHNSON

PD

05/28/2009

Electronic Signature of Signing Officer or Director

_____ Date