


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90040 042 ****61.25

DOCUMENT # 721991	
1. Entity Name MIAMI PRIMITIVE BAPTIST CHURCH, INC.	

Principal Place of Business 3611 N.W. 100TH AVENUE CHURCH BLDG COOPER CITY FL 33024 US	Mailing Address 20801 S.W. SIMON WAY MIAMI FL 33179 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 133 GATE ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State HOLLY WOOD FLA.	
Zip	Country	Zip 33024	Country BROWARD

1st MOORE CR2E037 (10/06)

4. FEI Number 59-1756008		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KISLAN, DONALD 4431 S.W. 64TH AVE. SUITE 119 DAVIE FL 33314		
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BAESSLER, FRED 14852 SW 38TH CT MIRAMAR FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ELLEN YOUNG <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9150 S.W. 49ST. COOPER CITY FLA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAESSEER, DORETHY 14852 S.W. 38TH COURT MIAMAR FL 33027 <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	TD OWENS, ELMO L 20801 S.W. SIMON WAY #205 MIAMI FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Jesse R. Caves <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 133 GATE ROAD HOLLYWOOD FLA 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SUMMERFORD, H L 2791 N PINE ISLAND RD, #212 SUNRISE FL 33322 <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	VD CAVES, ALMA F 6421 THOMAS ST. HOLLYWOOD FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ALM F. CAVES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 133 GATE ROAD HOLLYWOOD FLA. 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 Section 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: Jesse R. Caves (Jesse R. Caves)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-07 954-9875238
Date Daytime Phone #