

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 8:00 am
Secretary of State

02-06-2008 90021 039 ****61.25

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1st MOORE CR2E037 (10/07)

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 SAN SIMEON WAY MIAMI FL 33179 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address JESSE R. CAVES	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 133 GATE ROAD	
City & State		City & State HOLLYWOOD FLA.	
Zip	Country	Zip	Country
33024	USA	33024	USA
4. FEI Number 59-1756008		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RISCEAN, 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 (applicable) (NOTE: Registered Agent signature is not required when registering) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	SD BAESSLER, FRED 14852 SW 38TH CT MIRAMAR FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELLEN YOUNG 9150 S.W. 49TH ST. COOPER CITY FLA-33328 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAESSLER, DOREEN 14852 S.W. 38TH COURT MIRAMAR FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRED BAESSLER 14852 SW 38TH CT. MIRAMAR FLA-33027 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OWENS, ELMO L 20801 SAN SIMEON WAY #205 MIAMI FL 33179 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JESSE R. CAVES 133 GATE ROAD HOLLYWOOD FL-33024 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUMMERFORD, H L 2791 N PINE ISLAND RD, #212 SUNRISE FL 33322 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAVES, ALMA F 6421 THOMAS ST. HOLLYWOOD FL 33024 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALMA F. CAVES 133 GATE ROAD HOLLYWOOD FLA 33024 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <i>Hermon L. Summerford</i>		Date: <i>March 5, 2008</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	