

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90026 027 \*\*\*\*70.00

**DOCUMENT # 722569**



1. Entity Name  
**FLORIDA EAST COAST BAPTIST ASSOCIATION, INC.**

Principal Place of Business  
**2400 NW 68TH ST.  
MIAMI, FL 33147 US**

Mailing Address  
**2400 NW 68TH ST.  
MIAMI, FL 33147 US**

**54061674**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06302004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-1695995**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRESTON, JR, CEPHUS C REV  
12535 N.E. 1ST AVE.  
NORTH MIAMI, FL 33161**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

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

TITLE PD ☐ Delete  
NAME PRESTON, JR., CEPHUS C REV  
STREET ADDRESS 12535 N.E. 1ST AVENUE  
CITY-ST-ZIP NORTH MIAMI, FL 33161

TITLE SD ☐ Delete  
NAME JOHNSON, J C REV  
STREET ADDRESS 816 N.W. FIRST AVENUE  
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE TD ☐ Delete  
NAME COLEMAN, C.E REV  
STREET ADDRESS 853 N.W. 74TH STREET  
CITY-ST-ZIP MIAMI, FL 33150

TITLE D ☒ Delete  
NAME SALES, JOHN A REV  
STREET ADDRESS 13600 N. MIAMI AVENUE  
CITY-ST-ZIP MIAMI, FL 33168

TITLE D ☐ Delete  
NAME RAMSEY, WILLIAM DR  
STREET ADDRESS 1312 N.W. 29TH AVE.  
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition  
NAME Rev. Dr. W. R. Roundtree  
STREET ADDRESS 14421 N.W. 13th Road  
CITY-ST-ZIP MIAMI, FL 33167

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Rev. Cephus C Preston Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6-30-04**