

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

**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**



03202005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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

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

TITLE D  
NAME ROUNDTREE, REV. DR. W.R.  
STREET ADDRESS 14421 N.W. 13TH ROAD  
CITY-ST-ZIP MIAMI, FL 33167

TITLE D  
NAME RAMSEY, WILLIAM DR  
STREET ADDRESS 1312 N.W. 20TH AVE.  
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000275228  
03/24/05-80044-008 70.00

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joe C. Johnson* **JOE C. JOHNSON** 3-20-05-*(954) 696-4357*