2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# 735349

Entity Name: THE NEW WAY FELLOWSHIP BAPTIST CHURCH, OF OPA LOCKA, INC.

Current Principal Place of Business:

16800 N.W. 22ND AVENUE
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

16800 N.W. 22ND AVENUE
MIAMI, FL 33056

New Mailing Address:

FEI Number: 51-0202068 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BASKIN, BISHOP BILLY
14531 ARDOCH PLACE
HIALEAH, FL 33016 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:	D	( ) Delete
Name:	HANKERSON, FRANK	
Address:	1840 NW 167 ST.	
City-St-Zip:	OPA LOCKA, FL 33054	
Title:	PD	( ) Delete
Name:	BASKIN, BILLY,	
Address:	14531 ARDOCH PLACE	
City-St-Zip:	HIALEAH, FL	
Title:	D	( ) Delete
Name:	OLIVER, HENRY,	
Address:	19530 N.W. 1ST CT.	
City-St-Zip:	MIAMI, FL	
Title:	D	( ) Delete
Name:	DAMES, NATHANIEL	
Address:	1419 NW 55 TR	
City-St-Zip:	MIAMI, FL 33142	
Title:	D	( ) Delete
Name:	COOK, JAMES	
Address:	3450 NW 195 TR	
City-St-Zip:	MIAMI, FL 33056	
Title:	D	(X) Delete
Name:	BOSTIC, SOLOMON	
Address:	1921 NW 194 TER.	
City-St-Zip:	MIAMI, FL 33169	

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:	
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 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: BILLY BASKIN PD 04/27/2006

Electronic Signature of Signing Officer or Director — Date