
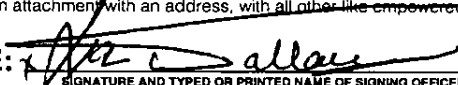


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90011 035 \*\*\*\*70.00

<b>DOCUMENT # 738795</b> 1. Entity Name <b>METROPOLITAN BAPTIST CHURCH OF MIAMI, FLORIDA, INC.</b>					
Principal Place of Business <b>7200 DAVIE RD EXTENSION HOLLYWOOD, FL 33024-2455</b>			Mailing Address <b>7200 DAVIE RD EXTENSION HOLLYWOOD, FL 33024-2455</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1735174</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>WALLACE, IVAN 2838 SW 177 AVE MIRAMAR, FL 33029</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLACE, IVAN		NAME		
STREET ADDRESS	2838 SW 177 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 330295601		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REECE, LASAELLES		NAME	Reece Lascelles	
STREET ADDRESS	8762 NE 4TH AVE		STREET ADDRESS	8762 N.E. 4th Ave, Miami, FL 33138	
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENRY, MILDA		NAME		
STREET ADDRESS	15375 NE 1ST COURT		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH, FL 33162		CITY-ST-ZIP		
TITLE	BM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, KIMBERLY		NAME		
STREET ADDRESS	2261 GULF STREAM DR		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP		
TITLE	VCD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUREY, RUPERT		NAME		
STREET ADDRESS	3973 NW 201 TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33105		CITY-ST-ZIP		
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRAY, NADINE		NAME		
STREET ADDRESS	12621 E GOLF DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33167		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 			01-30-07 (954-435-2366)		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

60013490



01252007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1735174**

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

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.

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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, 2007**

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

CD ☐ Delete  
WALLACE, IVAN  
2838 SW 177 AVE  
MIRAMAR, FL 330295601

D ☐ Delete  
REECE, LASAELLES  
8762 NE 4TH AVE  
MIAMI, FL 33138

TD ☐ Delete  
HENRY, MILDA  
15375 NE 1ST COURT  
N MIAMI BEACH, FL 33162

BM ☐ Delete  
BROWN, KIMBERLY  
2261 GULF STREAM DR  
MIRAMAR, FL 33023

VCD ☐ Delete  
BUREY, RUPERT  
3973 NW 201 TERR  
MIAMI, FL 33105

SD ☒ Delete  
WRAY, NADINE  
12621 E GOLF DRIVE  
MIAMI, FL 33167

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
Reece Lascelles  
8762 N.E. 4th Ave, Miami, FL 33138

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# ATTACHMENT

Proclaiming Jesus Christ as Savior & Lord...God's answer to everyone's deepest need!



## Metropolitan Baptist Church

7200 Davie Road Extension; Hollywood, Florida 33024  
Web Site: [www.metropolitanbaptistonline.com](http://www.metropolitanbaptistonline.com)

Pastor: Rev. Hervin Green, M.A.(cand.) B.A., L. Th.  
Associate Pastor: Rev. Clinton Chisholm, D.D., M.A., F.C.A., L.R.S.M.

Phone: (954) 963-0634  
Fax: (954) 963-0635

January 15, 2007

The Secretary of State  
Florida Department of State  
Division of Corporation  
Tallahassee, FL 32302-1500

Dear Sirs:

Re: Metropolitan Baptist Church of Miami  
Document # 738795, FE 59-1735174:

Enclosed please find the list of Directors and Officers of the Trustee Board for the current year (2007) for your approval.

Ivan	Wallace	-	Chairman
Rupert	Burey	-	Vice-Chairman
Lascelles	Reece	-	Director
Milda	Henry	-	Director
Kimberly	Brown	-	Board Member

Enclosed is our check in the sum of Seventy Dollars (\$70.00) to cover and Provide certificate of status.

Sincerely,

Hervin Green  
Pastor,

Encl.