

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90029 039 \*\*\*\*61.25

**50007662**



<b>DOCUMENT # 739928</b> 1. Entity Name <b>JORDAN MISSIONARY BAPTIST CHURCH OF DELRAY BEACH, INC.</b>					
Principal Place of Business <b>728 LAKE IDA ROAD DELRAY BEACH, FL 33444</b>			Mailing Address <b>728 LAKE IDA ROAD DELRAY BEACH, FL 33444</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0457579</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DANIELS, ROBERT G REV 910 NW 35TH AVE FORT LAUDERDALE, FL 33311</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></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD SMITH, EDMOND <input checked="" type="checkbox"/> Delete 239 NW 6TH AVE. DELRAY BEACH, FL 33444		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDNETT, CEDRIC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1410 N.W. 3rd Street Boynton Beach, FL 33435	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANIELS, REV. ROBERT G <input type="checkbox"/> Delete 910 N.W. 35TH AVE. FORT LAUDERDALE, FL 33311		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, ALICE <input checked="" type="checkbox"/> Delete 597 SNAPPER WAY DELRAY BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, IRA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 432 S.W. 2nd Street, Apt. #2 Pompano Beach, FL 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AFS HAWKINS, KENNETH <input type="checkbox"/> Delete 620 NW 7TH AVE., #33 POMPANO BEACH, FL 33060		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS JERKINS, BERNARD <input type="checkbox"/> Delete 1131 MONROE BLVD. LAKE WORTH, FL 33462		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAIN, HARVEY <input type="checkbox"/> Delete 512 NW 13TH AVENUE BOYNTON BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Cedric Hardnett</i> Cedric Hardnett			01/23/05 (561) 732-7851		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					