

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90026 008 \*\*\*\*61.25

**DOCUMENT # 739928**

1. Entity Name  
**JORDAN MISSIONARY BAPTIST CHURCH OF DELRAY  
BEACH, INC.**



Principal Place of Business  
**728 LAKE IDA ROAD  
DELRAY BEACH, FL 33444**

Mailing Address  
**728 LAKE IDA ROAD  
DELRAY BEACH, FL 33444**

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

03272008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0457579**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DANIELS, ROBERT G REV  
910 NW 35TH AVE  
FORT LAUDERDALE, FL 33311**

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.

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, 2008**

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	D	<input type="checkbox"/> Delete
NAME	HARDNETT, CEDRIC	
STREET ADDRESS	1410 NORTHWEST 3RD STREET	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	P	<input type="checkbox"/> Delete
NAME	DANIELS, REV. ROBERT G	
STREET ADDRESS	910 N.W. 35TH AVE.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, IRA	
STREET ADDRESS	432 SOUTHWEST 2ND STREET APT 2	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	AFS	<input type="checkbox"/> Delete
NAME	HAWKINS, KENNETH	
STREET ADDRESS	620 NW 7TH AVE., #33	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	FS	<input checked="" type="checkbox"/> Delete
NAME	JERKINS, BERNARD	
STREET ADDRESS	1131 MONROE BLVD.	
CITY-ST-ZIP	LAKE WORTH, FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAIN, HARVEY	
STREET ADDRESS	512 NW 13TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tyra Irving	
STREET ADDRESS	3548 N.W. 36 Terrace	
CITY-ST-ZIP	Lauderdale Lakes, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrea Stubbs	
STREET ADDRESS	1410 N.W. 3rd Street	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

*Cedric Hardnett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-08

Date

Daytime Phone #