

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 10, 2005 08:00 AM

Secretary of State

DOCUMENT # 742668	
1. Entity Name ST. PETER MISSIONARY BAPTIST CHURCH OF SOUTH FLORIDA, INC.	



Principal Place of Business 6600 NW 15TH AVE. MIAMI, FL 33056	Mailing Address 3311 NW 196TH LN. MIAMI, FL 33056
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01112005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-2962000	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DRANE, CORNELIUS REV. 3311 NW 196 LANE MIAMI, FL 33056	
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**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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	DS STITT, NAOMI 1210 N.W. 100TH ST. MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRANE, CORNELIUS 3311 N.W. 196TH LANE MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNELIUS, DRANE JR. 20245 NW 3RD CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000224331

02/10/05-80081-025 61.25

**DO NOT WRITE
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: *Rev. Cornelius Drane* **REV. CORNELIUS DRANE** 2/10/05 (305) 620-5456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #