

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 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**

**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>05-2962000</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DRANE, CORNELIUS REV.  
3311 NW 196 LANE  
MIAMI, FL 33056**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	PO 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	

U00000401881  
02/02/06-80062-023 61.25

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IN THIS SPACE**

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:** \_\_\_\_\_

*Cornelius Drane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06 (305) 620-5456  
Date Daytime Phone