

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742668

FILED
Apr 01, 2009
Secretary of State

Entity Name: ST. PETER MISSIONARY BAPTIST CHURCH OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

6600 NW 15TH AVE.
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

3311 NW 196TH LN.
MIAMI, FL 33056

New Mailing Address:

FEI Number: 05-2962000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: STITT, NAOMI
Address: 1210 N.W. 100TH ST.
City-St-Zip: MIAMI, FL 00000,

Title: PD () Delete
Name: DRANE, CORNELIUS
Address: 3311 N.W. 196TH LANE
City-St-Zip: MIAMI, FL 00000,

Title: D () Delete
Name: CORNELIUS, DRANE JR.
Address: 20245 NW 3RD CT
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORNELIUS DRANE

REV

04/01/2009

Electronic Signature of Signing Officer or Director

Date