

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746878

FILED
Apr 06, 2009
Secretary of State

Entity Name: MOUNT VERNON MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

1323 NW 54TH ST
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

1323 NW 54TH ST
MIAMI, FL 33142

New Mailing Address:

FEI Number: 59-1914695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, LILLAR M.
2115 NW 90TH ST.
MIAMI, FL 33147 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: P () Delete
Name: MILLER, WILFRED A., JR.
Address: 9115 LITTLE RIVER DR.
City-St-Zip: MIAMI, FL

Title: T () Delete
Name: WILLIAMS, WALTER J.
Address: 10920 NW 26TH AVE
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: MOMPLAISIR, STEPHANIE B
Address: 20180 NW 14TH CT
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: WILLIAMS, WALTER J.
Address: 10920NW 26TH AVE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: LAWLER, IDA
Address: 3011 NW 55TH ST
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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: WALTER J. WILLIAMS

T/D

04/06/2009

Electronic Signature of Signing Officer or Director

Date