

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90306 038 ****61.25

DOCUMENT # 748607

1. Entity Name

SPRINGFIELD MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

**925 N.W. 12TH AVENUE
FT. LAUDERDALE FL 33311**

Mailing Address

**PO BOX 562
FORT LAUDERDALE FL 33302-0512**

50042563



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, ANDREW
3641 N.W. 2ND STREET
FT. LAUDERDALE FL 33311**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 | P | <input type="checkbox"/> Delete |
| NAME | DAVIS, ANDREW | |
| STREET ADDRESS | 3641 N.W. 2ND STREET | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | DUKES, BISBY | |
| STREET ADDRESS | 1711 NW 51 AVE | |
| CITY-ST-ZIP | LAUDERHILL FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | SPENCER, WILLIE | |
| STREET ADDRESS | 2421 NW 15TH COURT | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | DELOACH, BROOKIE | |
| STREET ADDRESS | 2781 NW 16 CT | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | JONES, NATHANIEL | |
| STREET ADDRESS | 1623 N.E. 4TH COURT | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | GORDON, LAURA | |
| STREET ADDRESS | 1319 N.W. 15TH STREET | |
| CITY-ST-ZIP | FORT LAUDERDALE 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 | |

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:

Andrew Davis **Andrew Davis Pres. 4-16-05. 954-583-5112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #