2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752763

FILED Apr 03, 2007 Secretary of State

Entity Name: ST. JOHN INSTITUTIONAL MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 1328 N.W. 3RD AVE. 1328 N.W. 3RD AVE. PO BOX 012315 MIAMI, FL 33136 MIAMI, FL 33101 **Current Mailing Address: New Mailing Address:** 1328 N.W. 3RD AVE. P.O. BOX 012315 PO BOX 012315 MIAMI, FL 33101 MIAMI, FL 33101 FEI Number: 59-2006578 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NEVIN, HENRY REV. 1328 N.W. 3RD AVE. MIAMI, FL 33136 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition DORSETT, WINFRED, HILLS, DELORES, Name: Name: 3295 NW 43 TERRACE Address: 11121 N. W. 25TH AVE Address: City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL 33167 US Title: Title: (X) Change () Addition () Delete Name: HILLS, DELORES Name: BAKER, ROBERT W Address: 11121 NW 25TH AVE Address: 699 HERITAGE WAY City-St-Zip: MIAMI, FL City-St-Zip: WESTON, FL 33327 US Title: () Delete Title: () Change () Addition CLARK, FRANKLIN, Name: Name: 2335 NW 85 ST. Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: DAVIS, DOREEN Name: Address: 10720 S.W. 149TH TERRACE Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: Title: () Delete () Change () Addition MCLEOD, CORA Name: Name: 1934 N.W. 42ND ST Address: Address: City-St-Zip: MIAMI, FL 33142 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DELORES D. HILLS P 04/03/2007