

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752763

FILED  
Feb 10, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1328 N.W. 3RD AVE.  
MIAMI, FL 33136

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 012315  
MIAMI, FL 33101

**New Mailing Address:**

**FEI Number:** 59-2006578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROBINSON-DUFFIE, CECILY ATTY  
13899 BISCAYNE BLVD  
MIAMI, FL 33181 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: HILLS, DELORES,  
Address: 11121 N. W. 25TH AVE  
City-St-Zip: MIAMI, FL 33167 US

Title: S ( ) Delete  
Name: BAKER, ROBERT W  
Address: 699 HERITAGE WAY  
City-St-Zip: WESTON, FL 33327 US

Title: SD ( ) Delete  
Name: CLARK, FRANKLIN,  
Address: 2335 NW 85 ST.  
City-St-Zip: MIAMI, FL

Title: T ( ) Delete  
Name: DAVIS, DOREEN  
Address: 10720 S.W. 149TH TERRACE  
City-St-Zip: MIAMI, FL 33176

Title: T ( ) Delete  
Name: MCLEOD, CORA  
Address: 1934 N.W. 42ND 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:

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: DELORES HILLS

P

02/10/2009

Electronic Signature of Signing Officer or Director

Date