

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 753267

1. Entity Name
**GREATER FELLOWSHIP MISSIONARY BAPTIST
CHURCH, INC.**



Principal Place of Business

**2601 NW 65TH ST.
MIAMI, FL 33147 US**

Mailing Address

**2601 NW 65TH ST.
MIAMI, FL 33147 US**

DO NOT WRITE IN THIS SPACE



01142004 No Chg-NP CR2E037 (10/03)

4. FEI Number **59-7532674** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REESE, BOBBY L.
900 ORIENTAL BLVD.
OPA LOCKA, FL 33054**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CHRM
REESE, BOBBY L
900 ORIENTAL BLVD.
OPA LOCKA, FL 33054**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CHRT
JONES, WILLIE
21010 N.W. 30TH AVE.
OPA LOCKA, FL 33056**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
BROWN, CHARLIE
12530 NW 11TH AVE
MIAMI, FL 33168**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
JONES, ELBERT
1700 N.W. 186TH STREET
OPA LOCKA, FL 33056**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
MAXWELL, MARCHILL
5311 N.W. 27TH PLACE
MIAMI, FL 33142**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**RS
WILLIAMS, ALTER
640 NW 77 ST
MIAMI, FL 33147**

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01/29/04-80033-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Willie E. Jones

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/04 (305) 624-7989
Date Daytime Phone #