

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90007 025 \*\*\*\*\*61.25

**DOCUMENT # 755405**

1. Entity Name

**BROWN'S CHAPEL MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business

1323 NW 54 STREET  
254 N.W. 51 STREET  
MIAMI FL 33142  
US

Mailing Address

254 NW 51 ST  
1 SINGLE DWELLING  
MIAMI FL 33127  
US

44050876



MOORE

CR2E037 (4/04)

2. Principal Place of Business

1323  
Suite, Apt. #, etc.  
Free Standing Bldg  
City & State  
Miami Florida  
Zip  
33134  
Country  
Dade

3. Mailing Address

254  
Suite, Apt. #, etc.  
Free Standing Bldg.  
City & State  
Miami Florida  
Zip  
33127  
Country  
Dade

4. FEI Number

59-1172941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, WILLIAM  
254 NW 51 ST  
MIAMI FL 33127

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33127

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 September 8, 2004**

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 PDC  
NAME ROBINSON, WILLIAM ☐ Delete  
STREET ADDRESS 254 NW 51 ST  
CITY-ST-ZIP MIAMI FL 33127

TITLE T  
NAME MOSS, DEACON MOSES ☐ Delete  
STREET ADDRESS 1323 NW 54TH ST  
CITY-ST-ZIP MIAMI FL 33142

TITLE T S  
NAME HOPKINS, ELOISE ☐ Delete  
STREET ADDRESS 1323 NW 54 ST  
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Rev William Robinson (President)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #