2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2009
Secretary of State

DOCUMENT# 763398

Entity Name: FREEDOM BAPTIST CHURCH OF DADE COUNTY, INC.

Current Principal Place of Business:

12515 S.W. 72 STREET
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

12515 S.W. 72 STREET
MIAMI, FL 33183

New Mailing Address:

FEI Number: 59-2218784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FOWLER, LINTON T
9265 SW 44TH STREET
MIAMI, FL 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: PD ( ) Delete
Name: FOWLER, LINTON T.
Address: 9265 SW 44TH STREET
City-St-Zip: MIAMI, FL

Title: VD ( ) Delete
Name: DARLINGTON, BEN N., JR
Address: 10791 S.W. 47TH STREET
City-St-Zip: MIAMI, FL

Title: FD ( ) Delete
Name: FOWLER, TIMOTHY S.
Address: 9265 S.W. 44TH STREET
City-St-Zip: MIAMI, FL 00000,

Title: TD (X) Delete
Name: FOWLER, LINTON T JR
Address: 14415 SW 159TH TERRACE
City-St-Zip: MIAMI, FL

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:

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: LINTON FOWLER PD 07/02/2009

Electronic Signature of Signing Officer or Director — Date