

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 12, 2006
Secretary of State**

DOCUMENT# N00000001028

Entity Name: NEW MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

1990 ALA BABA AVENUE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

1990 ALA BABA AVENUE
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 65-0096864 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, FRANK REV.
2972 N.W. 56 ST.
MIAMI, FL 33142 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: TR () Delete
Name: FOSTER, RUTH
Address: 16445 NW 22ND AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: TR () Delete
Name: MASON, EVELYN
Address: 3301 NW 154TH TERRACE
City-St-Zip: OPA LOCKA, FL 33054

Title: D () Delete
Name: JOSEPH, JAMES
Address: 2220 N.W. 100TH ST.
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: MOORER, DWIGHT
Address: 1101 N.W. 143 ST.
City-St-Zip: MIAMI, FL 33168

Title: TR () Delete
Name: LEWIS, LOTTIE
Address: 1995 N.W. 152 TERR.
City-St-Zip: OPA LOCKA, FL 33054

Title: TR () Delete
Name: MILLS, DOROTHY
Address: 16230 NW 22ND AVENUE
City-St-Zip: OPA LOCKA, FL 33054

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:

Title: () Change () Addition
Name:
Address:
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: RUTH FOSTER

TR

04/12/2006

Electronic Signature of Signing Officer or Director

_____ Date