## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N00000001028**

1. Entity Name

NEW MISSIONARY BAPTIST CHURCH, INC.



FILED Feb 25, 2008 08:00 AN Secretary of State

Principal Place of Business

1990 ALA BABA AVENUE OPA LOCKA, FL 33054 Mailing Address

1990 ALA BABA AVENUE OPA LOCKA, FL 33054



DO NOT WRITE IN THIS SPACE

02132008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0096864 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, FRANK REV. 2972 N.W. 56 ST. MIAMI, FL. 33142

## 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, 2008 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE NAME	TR FOSTER, RUTH
STREET ADDRESS	1 · · ·
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	TR
NAME	MASON, EVELYN
STREET ADDRESS	] " ' '
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	D
NAME	JOSEPH, JAMES
STREET ADDRESS	2220 N.W. 100TH ST.
CITY - ST - ZIP	MIAMI, FL 33147
TITLE	ם
NAME	MOORER, DWIGHT
STREET ADDRESS	1101 N.W. 143 ST.
CITY-ST-ZIP	MIAMI, FL 33168
ILITE	TR
NAME	LEWIS, LOTTIE
STREET ADDRESS	1995 N.W. 152 TERR.
CFTY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	PD
NAME	PATTERSON, FRANK
STREET ADDRESS	2972 NW 56TH STREET
CITY-ST-ZIP	MIAMI, FL 33142
12. I hereby certify that the information supplied with this filling does not qualify for the exe	

000000838957 03/05/08-80052-005 70.00

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/08 (305) 586-8209

Daytime Phor