

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 08:00 A
Secretary of State

DOCUMENT # N00000004507

1. Entity Name

TRUTH MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

4220 NW 7 AVE
MIAMI, FL 33127

Mailing Address

775 NW 123 ST
MIAMI, FL 33168



05032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1022909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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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 September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NEILLE, MAURICE L SR
STREET ADDRESS 4220 NW 7TH AVE
CITY-ST-ZIP MIAMI, FL 33127

TITLE SD
NAME COOPER, JERALD SR
STREET ADDRESS 4220 NW 7TH AVE
CITY-ST-ZIP MIAMI, FL 33127

TITLE TD
NAME NEILLE, MECHELE
STREET ADDRESS 4220 NW 7TH AVE
CITY-ST-ZIP MIAMI, FL 33127

TITLE D
NAME JONES, LEROY
STREET ADDRESS 4220 NW 7TH AVE
CITY-ST-ZIP MIAMI, FL 33127

TITLE D
NAME JONES, LESA
STREET ADDRESS 4220 NW 7TH AVE
CITY-ST-ZIP MIAMI, FL 33127

TITLE D
NAME MATTHEW, RAHMING
STREET ADDRESS 4220 NW 7TH AVE
CITY-ST-ZIP MIAMI, FL 33127

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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

Date

Daytime Phone #

Mechele Neille

5/7/07

305 7588330