

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 26, 2008 08:00 A
Secretary of State

DOCUMENT # N02000001166

1. Entity Name

**NEW CHRIST TABERNACLE MISSIONARY BAPTIST
CHURCH, INC.**



Principal Place of Business

**8400 NW 25 AVE
MIAMI FL 33147**

Mailing Address

**POST OFFICE #472361
MIAMI FL 33247**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2983477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIFFIN, MAEOLA
4350 NW 31 PLACE
MIAMI FL 33142**

Name

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

City

FL

Zip Code

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

Maeola Griffin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/24/08

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MARSH, HAROLD**
CITY-ST-ZIP **3041 N.W. 69 TERR.
MIAMI FL 33147**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WHITE, SHIRLEY**
CITY-ST-ZIP **2940 NW 68 STREET
MIAMI FL 33147**

TITLE ☐ Change ☐ Addition
NAME **U00000840322**
STREET ADDRESS **03/06/08-80042-017 61.25**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DAVIS, JULIUS**
CITY-ST-ZIP **2955 NW 176 TERR
CAROL CITY FL 33055**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **EVANS, BILLY**
CITY-ST-ZIP **1511 NW 41 STREET
MIAMI FL 33142**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BOSTIO, VIRGINIA**
CITY-ST-ZIP **3740 NW 19TH STREET
CAROL CITY FL 33055**

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

TITLE ☐ Delete
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 exemptions contained in Section 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:

Maeola Griffin

2/24/08