2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N02972

1. Entity Name
VALLEY GROVE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
% REV. ARTIS PERKINS 1395 NW 69 ST MIAMI, FL 33147	% REV. ARTIS PERKINS 1395 NW 69 ST MIAMI, FL 33147

DO NOT WRITE IN THIS SPACE

02012006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2262166
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PERKINS, ARTIS
1395 N. 69TH ST.
MIAMI, FL 33147

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000518782
05/02/06-80025-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PERKINS, ARTIS REV
STREET ADDRESS	1395 NW 69TH STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	FULLER, MILTON BRO
STREET ADDRESS	1395 N.W. 69TH ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	ROBINSON, PATRICIA SIS
STREET ADDRESS	1395 N.W. 69TH ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	PERKINS, REV. ARTIS
STREET ADDRESS	1395 N.W. 69TH ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Artis Perkins 2/5/06 (305) 835-8316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #