


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02972</b>	
<b>1. Entity Name</b> VALLEY GROVE MISSIONARY BAPTIST CHURCH, INC.	

<b>Principal Place of Business</b> % REV. ARTIS PERKINS 1395 NW 69 ST MIAMI FL 33147	<b>Mailing Address</b> % REV. ARTIS PERKINS 1395 NW 69 ST MIAMI FL 33147
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

<b>6. Name and Address of Current Registered Agent</b>  PERKINS, ARTIS 1395 N. 69TH ST. MIAMI FL 33147
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<b>4. FEI Number</b> 59-2262166	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD <input type="checkbox"/> Delete	<b>NAME</b> PERKINS, ARTIS REV <b>STREET ADDRESS</b> 1395 NW 69TH STREET <b>CITY- ST- ZIP</b> MIAMI FL	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>
<b>TITLE</b> TD <input type="checkbox"/> Delete	<b>NAME</b> FULLER, MILTON BRO <b>STREET ADDRESS</b> 1395 N.W. 69TH ST. <b>CITY- ST- ZIP</b> MIAMI FL	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>
<b>TITLE</b> VD <input type="checkbox"/> Delete	<b>NAME</b> ROBINSON, PATRICIA SIS <b>STREET ADDRESS</b> 1395 N.W. 69TH ST. <b>CITY- ST- ZIP</b> MIAMI FL	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>
<b>TITLE</b> D <input type="checkbox"/> Delete	<b>NAME</b> PERKINS, REV. ARTIS <b>STREET ADDRESS</b> 1395 N.W. 69TH ST. <b>CITY- ST- ZIP</b> MIAMI FL	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>

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03/14/07-80017-025 61.25

**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:** *Artis Perkins*