


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000002233		
1. Entity Name NEW HOPE MISSIONARY BAPTIST CHURCH OF SOUTH DADE, INC.		
Principal Place of Business 21801 SW 118TH CT. MIAMI, FL 33170	Mailing Address P.O. BOX 700534 MIAMI, FL 33170	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JOHNSON, L. B REV. 6340 N.W. 200 TERR MIAMI, FL 33015		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000022021 02/19/08-80051-002 61 25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, RALPH S 9204 SW 180TH ST MIAMI, FL 33157	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHISHOLM, AUSTIN 1012 W. JESSAMIE ST. MIAMI, FL 33157	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOSS, OLGA L 11828 SW 221ST MIAMI, FL 33170	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____		