

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90317 017 ****70.00

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1. Entity Name

GREAT CROWD MISSIONARY BAPTIST CHURCH, INC



Principal Place of Business

**2200 NW 107TH STREET
MIAMI FL 33167**

Mailing Address

**2200 NW 107TH STREET
MIAMI FL 33167**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0274422

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

**JOHNSON, HEADLEY G
2200 NW 107TH STREET
MIAMI FL 33167**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 **P** ☐ Delete
NAME **JOHNSON, HEADLEY G**
STREET ADDRESS **2200 NW 107TH STREET**
CITY-ST-ZIP **MIAMI FL 33167**

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

TITLE **V** ☐ Delete
NAME **JOHNSON, CONSTANCE**
STREET ADDRESS **2200 NW 107TH STREET**
CITY-ST-ZIP **MIAMI FL 33167**

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

TITLE **AS** ☒ Delete
NAME **BAILEY, DONALD**
STREET ADDRESS **9101 NW 35 COURT**
CITY-ST-ZIP **MIAMI FL 33147**

TITLE **AS** ☒ Change ☐ Addition
NAME **Lawrence Scott**
STREET ADDRESS **1737 NW 59st**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **AS** ☒ Delete
NAME **MARTIN, MARILYNN**
STREET ADDRESS **379 NE 181 STREET APT 9**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **S** ☒ Change ☐ Addition
NAME **ROSALYN Johnson**
STREET ADDRESS **8800 NW 32 st**
CITY-ST-ZIP **MIAMI FL 33147**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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: HEADLEY G. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-27-04/305-769-4282