

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2005 8:00 am
Secretary of State

06-01-2005 90019 001 ****61.25
06-01-2005 90019 002 *****8.75

DOCUMENT # N03000008571

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

1st MOORE

CR2E037 (10/04)

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

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

7. Name and Address of New Registered Agent

Name

LAURNA Williams

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

7161 Pembroke Rd #600

City

Pembroke Pines

FL

Zip Code

33023

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

Laurna Williams

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, 2005**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, HEADLEY G	
STREET ADDRESS	2200 NW 107TH STREET	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, CONSTANCE	
STREET ADDRESS	2200 NW 107TH STREET	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SCOTT, LAWRENCE	
STREET ADDRESS	1737 NW 59ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, ROSALYN	
STREET ADDRESS	8800 NW 32 CT	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Headley Johnson 5/25/05

(954) 989 8122