2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2006
Secretary of State

DOCUMENT# N03000008915

Entity Name: DAMASCUS ROAD BAPTIST CHURCH OF MIAMI INC.

Current Principal Place of Business:

591 NORTHWEST 194 STREET
MIAMI, FL

New Principal Place of Business:

Current Mailing Address:

591 NORTHWEST 194 STREET
MIAMI, FL

New Mailing Address:

FEI Number: 51-0480572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPICER, FRANKIN D REV.
591 NORTHWEST 194 STREET
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SPICER, FRANKLIN D REV.	
Address:	591 NORTHWEST 194 STREET	
City-St-Zip:	MIAMI, FL 33169 US	
Title:	VP	( ) Delete
Name:	SPICER, CARRIE N	
Address:	591 NORTHWEST 194 STREET	
City-St-Zip:	MIAMI, FL 33169 US	
Title:	SEC	( ) Delete
Name:	ROBERTS, HEZE L	
Address:	591 NORTHWEST 194 STREET	
City-St-Zip:	MIAMI, FL 33169 US	
Title:	D	( ) Delete
Name:	MATLOCK, LINDA	
Address:	8707 NW 22ND AVE	
City-St-Zip:	MIAMI, FL 33147	
Title:	T	( ) Delete
Name:	JOHNSON, DWIGHT	
Address:	8707NW 22ND AVE	
City-St-Zip:	MIAMI, FL 33147	
Title:	FS	( ) Delete
Name:	ROBERTS, CARRIE	
Address:	8707 NW 22ND AVE	
City-St-Zip:	MIAMI, FL 33147	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V.P	(X) Change ( ) Addition
Name:	MATLOCK, CALVIN L	
Address:	591 NORTHWEST 194 STREET	
City-St-Zip:	MIAMI, FL 33169 US	
Title:	TREA	(X) Change ( ) Addition
Name:	MATLOCK, LINDA	
Address:	8707 NW 22ND AVE	
City-St-Zip:	MIAMI, FL 33147	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANKLIN SPICER PRES 07/26/2006

Electronic Signature of Signing Officer or Director — Date