

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

9/2/2005-90013-034-\$61.25-\$61.25

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E037 (5/05)

DOCUMENT # N04000006186					
1. Entity Name CORINTHIANS MISSIONARY BAPTIST CHURCH INC.					
Principal Place of Business 2826 BROADWAY RIVIERA BEACH FL 33404			Mailing Address 2826 BROADWAY RIVIERA BEACH FL 33404		
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 43-201-8913 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SUTTON, CONSTANCE 4310 W TERR DR 143RD STREET WEST PALM BEACH FL 33407				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 _____ (NOTE: Registered Agent signature required when replacing) DATE _____					
FILE NOW: FEE IS \$61.25 Due By September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	SUTTON, CONSTANCE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	4310 W TERR DR 143RD STREET	NAME			
STREET ADDRESS	WEST PALM BEACH FL 33404	STREET ADDRESS			
CITY-ST-ZIP	D	CITY-ST-ZIP			
TITLE	PARRISH, ENGAR D. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	112 TIMBERAN GASI	NAME			
STREET ADDRESS	WEST PALM BEACH FL 33407	STREET ADDRESS			
CITY-ST-ZIP	D	CITY-ST-ZIP			
TITLE	MADISON, GLORIA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	4202 B WOODS EDGE CIR	NAME			
STREET ADDRESS	PALM BEACH GARDENS FL 33410	STREET ADDRESS			
CITY-ST-ZIP	D	CITY-ST-ZIP			
TITLE	MCCLEOD, SAMUEL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	4907 PINWOOD AVE	NAME			
STREET ADDRESS	WEST PALM BEACH FL 33407	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <u>Constance Sutton</u>		Date: <u>7-31-05</u>		Daytime Phone #	