


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 05, 2007 08:00 AM**  
**Secretary of State**

|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # N04000006186</b>   |         |  |         |
| 1. Entity Name<br><b>CORINTHIANS MISSIONARY BAPTIST CHURCH INC.</b>            |         |   |         |
| Principal Place of Business<br><b>2826 BROADWAY<br/>RIVIERA BEACH FL 33404</b> |         | Mailing Address<br><b>2826 BROADWAY<br/>RIVIERA BEACH FL 33404</b>                |         |
| 2. Principal Place of Business - No P.O. Box #                                 |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |



2nd MOORE CR2E037 (4/07)

|   |  |  |  |
|---|--|--|--|
| 4. FEI Number<br><b>43-2018913</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |  |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent                                       |  | 7. Name and Address of New Registered Agent        |  |
| <b>SUTTON, CONSTANCE<br/>4310 W TERR DR 143RD STREET<br/>WEST PALM BEACH FL 33407</b> |  | 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 *Constance Sutton* *Constance Sutton* *08/31/07*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

|   |   |  |
|---|---|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By: September 5, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input type="checkbox"/> Delete<br><b>SUTTON, CONSTANCE<br/>4310 W TERR DR 143RD STREET<br/>WEST PALM BEACH FL 33404</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U000000773194<br/>09/05/07-80001-008 61.25</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input type="checkbox"/> Delete<br><b>PARRISH, ENGAR D<br/>112 TIMBERAN GASI<br/>WEST PALM BEACH FL 33407</b>            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input type="checkbox"/> Delete<br><b>MADISON, GLORIA<br/>4202 B WOODS EDGE CIR<br/>PALM BEACH GARDENS FL 33410</b>      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input type="checkbox"/> Delete<br><b>MCCLEOD, SAMUEL<br/>4907 PINWOOD AVE<br/>WEST PALM BEACH FL 33407</b>              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: *Rev. Nathan V. Lewis* *08/31/07*