2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT #N05000005429 Jan 22, 2007 08:00 AM ANOTHER CHANCE MISSIONARY BAPTIST CHURCH. **Secretary of State** Principal Place of Business Mailing Address 830 NE 172 TERRACE 830 NE 172 TERRACE N. MIAMI BEACH, FL 33162 N. MIAMI BEACH, FL 33162 01142007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-4573671 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWN, LAWRENCE L REV DO NOT WRITE **830 NE 172 TERRACE** N. MIAMI BEACH, FL 33162 IN THIS SPACE 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 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE CEOP NAME BROWN, LAWRENCE L STREET ADDRESS 830 NE 172 TERRACE CITY-ST-ZIP N. MIAMI BEACH, FL 33162 U00000596237 01/23/07-80070-017 70.00 TITLE NAME BROWN, LAWRENCE L STREET ADDRESS **830 NE 172 TERRACE** CITY-ST-ZIP N. MIAMI BEACH, FL 33162 TITLE NAME TATE, LAKEECHA L STREET ADDRESS 1091 NW 7TH COURT - APT 308 DO NOT WRITE CiTY-ST-ZIP MIAMI, FL 33136 TITLE IN THIS SPACE NAME THOMPSON, LAWRENCE R STREET ADDRESS 808 NORTHWEST 7TH TERRACE SUITE 2 CITY-ST-ZiP HALLANDALE, FL 33009 TITLE NAME STREET ADDRESS CITY-ST-7IP

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 attackment with an address, with all officer like empowered.

Changed, or on all attachment with an address, with all other like empowers

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF EIGNING OFFICER OR DIRECTOR

Jan. 15,2007

7863263024

Daytime Phone #