

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N05000005429**

1. Entity Name  
**ANOTHER CHANCE MISSIONARY BAPTIST CHURCH,  
INC.**



**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**830 NE 172 TERRACE  
N. MIAMI BEACH, FL 33162**

Mailing Address  
**830 NE 172 TERRACE  
N. MIAMI BEACH, FL 33162**



01032008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-4573671**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BROWN, LAWRENCE L REV  
830 NE 172 TERRACE  
N. MIAMI BEACH, FL 33162**

**DO NOT WRITE  
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

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP BROWN, LAWRENCE L 830 NE 172 TERRACE N. MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BROWN, LAWRENCE L 830 NE 172 TERRACE N. MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TATE, LAKEECHA L 1091 NW 7TH COURT - APT 308 MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, LAWRENCE R 808 NORTHWEST 7TH TERRACE SUITE 2 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000777320  
01/10/08-80003-010 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Lawrence L. Brown*

Lawrence L. Brown

Jan. 4, 2008

3056534014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #