

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N12862

1. Entity Name
SONLIGHT MISSIONARY BAPTIST CHURCH INC.



Principal Place of Business
**1732 ALI BABA AVENUE
OPA-LOCKA, FL 33054**

Mailing Address
**1732 ALI BABA AVENUE
OPA-LOCKA, FL 33054**



01152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2253906

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BODZIN, SIDNEY M., ESQ.
SUITE 808, BISCAYNE CENTRE
11900 BISCAYNE BOULEVARD
MIAMI, FL 33181**

**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**

**000000841810
03/11/08-80002-024 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
JONES, PATRICIA
4008 SW 69 WAY
MIRAMAR, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CD
DEAN, JOSEPHINE
20211 NW 33CT
MIAMI, FL 33056**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JONES, NELLIE M
1990 WILMINGTON ST
OPA LOCKA, FL 33054**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patricia J. Jones / Patricia J. Jones *2/24/08* *(954) 383-1107*