

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

03-11-2005 90306 006 \*\*\*\*\*8.75

FILED

05 APR 26 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03/11/05 90844 001 \$61.25  
1st MOORE CR2E037 (10/04)

DOCUMENT # N21712					
1. Entity Name WING TEMPLE EVANGELICAL CHURCH OF CHRIST INC.					
Principal Place of Business 4132 NW 181ST LANE MIAMI FL 33055		Mailing Address 4132 NW 181ST LANE MIAMI FL 33055			
2. Principal Place of Business 660 NW 152 <sup>ND</sup> ST.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FLORIDA		City & State		4. FEI Number 59-2826095	
Zip 33169	Country USA	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, ROY 4132 NW 181ST LANE MIAMI FL 33055			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 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	PD	<input type="checkbox"/> Delete	TITLE	VP, D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, ROY		NAME	ANETIA JOHNSON	
STREET ADDRESS	12501 NW 21ST CT		STREET ADDRESS	4132 NW 181ST LANE	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	MIAMI, FLORIDA 33055	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, NADINE		NAME		
STREET ADDRESS	320 NW 149TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, IVY		NAME		
STREET ADDRESS	2240 NW 193RD TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33056		CITY-ST-ZIP		
TITLE	DD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSOP, FRANKLIN B		NAME		
STREET ADDRESS	1835 NE 154TH ST		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		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>FRANKLIN MASSOP</u>			DATE: <u>MARCH 7<sup>TH</sup> 2005</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		