


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


**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N21712**  
 1. Entity Name  
**WING TEMPLE EVANGELICAL CHURCH OF CHRIST INC.**



Principal Place of Business      Mailing Address  
**660 NW 152ND ST**                      **4132 NW 181ST LANE**  
**MIAMI, FL 33169**                      **MIAMI, FL 33055**

**DO NOT WRITE IN THIS SPACE**



01132008 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>59-2826095</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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

**JOHNSON, ROY**  
**4132 NW 181ST LANE**  
**MIAMI, FL 33055**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PD JOHNSON, ROY 12501 NW 21ST CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, NADINE 320 NW 149TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BECK, IVY 2240 NW 193RD TERR MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD MASSOP, FRANKLIN B 1835 NE 154TH ST NORTH MIAMI BEACH, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, ANETIA 4132 NW 181ST LANE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000791129  
 01/23/08-80061-021 61.25

**DO NOT WRITE IN THIS SPACE**

U00000791129  
 01/23/08-80061-022 8.75

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:** Franklin B. Massop      **FRANKLIN B. MASSOP**      JAN 15 2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #