

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90029 003 \*\*\*\*61.25

**DOCUMENT # N26037**

1. Entity Name  
**SECOND CANNAN MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business  
 4343 NW 17TH AVE  
 MIAMI, FL 33142

Mailing Address  
 4343 NW 17TH AVE  
 MIAMI, FL 33142

**50034598**



03162005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0048490** Applied For  
 Not Applicable

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

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

**WHITEHEAD, HENRY L**  
 2990 NW 47TH ST  
 MIAMI, FL 33142

**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 *Henry L. Whitehead*  
Signature, typed or printed name of registered agent and title if applicable.

*April 2, 2005*  
DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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	CD WHITEHEAD, HENRY 2990 NW 47TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD ARNOLD KELLY 1470 NW 45 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MILTON, COFFEE 3207 NW 52ND ST. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TUCKER, MARY L. 2034 NW 93RD ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HILTON, ALVERTIS 9201 N.W. 20TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KEELS, JOHN 1934 N.W. 43RD ST. MIAMI, FL

**DO NOT WRITE IN THIS SPACE**

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: *Arnold J. Kelly* **Arnold J. Kelly** *4-2-05* *305-633-2807*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #