


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

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N26037**  
 1. Entity Name  
**SECOND CANNAN MISSIONARY BAPTIST CHURCH, INC.**



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

**DO NOT WRITE IN THIS SPACE**



01162008 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>65-0048490</b>	Applied For Not Applicable
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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 Lee Whitehead*      DATE: 3-14-2008  
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	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	D REDDING, PATRICK 17201 NW 44TH AVE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KEELS, JOHN 1934 N.W. 43RD ST. MIAMI, FL

U00000363420  
 04/03/08-80091-014 61.25

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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: *Arnold J. Kelly*      DATE: March 14, 2008      DAYTIME PHONE #: 305-633-2807  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #