

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26037

FILED  
Apr 14, 2011  
Secretary of State

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

**Current Principal Place of Business:**

4343 NW 17TH AVENUE  
MIAMI, FL 33142 US

**New Principal Place of Business:**

**Current Mailing Address:**

4343 NW 17TH AVENUE  
MIAMI, FL 33142 US

**New Mailing Address:**

FEI Number: 65-0048490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHITEHEAD, HENRY L  
2990 NW 47TH STREET  
MIAMI, FL 33142 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: WHITEHEAD, HENRY L SR.  
Address: 2990 NW 47TH STREET  
City-St-Zip: MIAMI, FL 33142 US

Title: TSD  
Name: KELLY, ARNOLD  
Address: 1470 NW 45TH STREET  
City-St-Zip: MIAMI, FL 33142 US

Title: DT  
Name: COFFEE, MILTON  
Address: 3207 NW 52ND STREET  
City-St-Zip: MIAMI, FL 33142 US

Title: D  
Name: CLAYTON, MILTON  
Address: 3940 NW 195TH STREET  
City-St-Zip: MIAMI, FL 33055 US

Title: D  
Name: REDDING, PATRICK  
Address: 17201 NW 44TH AVENUE  
City-St-Zip: MIAMI, FL 33055 US

Title: DT  
Name: KEELS, JOHN  
Address: 1934 NW 43RD STREET  
City-St-Zip: MIAMI, FL 33142 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARNOLD KELLY

TSD

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date