

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N27006	
1. Entity Name GREATER HOLY CROSS MISSIONARY BAPTIST CHURCH, INC.	
Principal Place of Business 1555 N.W. 93RD TERRACE MIAMI, FL 33147	Mailing Address 1555 N.W. 93RD TERRACE MIAMI, FL 33147



08192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2801008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STRANGE, REV. DR. W.L., SR.
 1555 N.W. 93RD TERRACE
 MIAMI, FL 33147

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when terminating)

Filing Fee is \$61.25
Due by September 8, 2004

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	D STRANGE, W.L., SR. 1555 NW 93 TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATSON, MARION 855 NW 84TH TERRACE MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRANGE, NATHAN H 18731 NW 42 CT MIAMI, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Rev. Dr. W. L. Strange Sr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/04
 Date Daytime Phone #