


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2007 8:00 am
Secretary of State

07-26-2007 90031 003 ****70.00

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1. Entity Name
GREATER HOLY CROSS MISSIONARY BAPTIST CHURCH, INC.




Principal Place of Business
**1555 N.W. 93RD TERRACE
 MIAMI, FL 33147**

Mailing Address
**18731 N.W. 42 CT
 MIAMI GARDENS, FL 33055**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

40127248



07232007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2801008

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

6. Name and Address of Current Registered Agent

**STRANGE, REV. DR. W.L., SR.
 18731 N.W. 42 CT.
 MIAMI GARDENS, FL 33055**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 **September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRANGE, W.L., SR. 18731 N.W. 42 CT. MIAMI GARDENS, FL 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Strange, W.L., Sr.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, MARION 18731 N.W. 42 CT. MIAMI GARDENS, FL 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRANGE, NATHAN H 18731 NW 42 CT MIAMI GARDENS, FL 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 secretary 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* **7/23/07** **(305) 836 8538**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Rev Dr. W.L. Strange, Sr.