


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

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90008 044 \*\*\*\*70.00

<b>DOCUMENT # N27006</b>				
1. Entity Name <b>GREATER HOLY CROSS MISSIONARY BAPTIST CHURCH, INC.</b>				
Principal Place of Business <b>1555 N.W. 93RD TERRACE MIAMI, FL 33147</b>		Mailing Address <b>18731 N.W. 42 CT MIAMI GARDENS, FL 33055</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip		Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
<b>STRANGE, REV. DR. W.L., SR. 18731 N.W. 42 CT. MIAMI GARDENS, FL 33055</b>				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City
				<b>FL</b>
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
<b>Make check payable to Florida Department of State</b>				
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STRANGE, W.L. SR</b>	NAME		
STREET ADDRESS	<b>18731 N.W. 42 CT.</b>	STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI GARDENS, FL 33055</b>	CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WATSON, MARION</b>	NAME		
STREET ADDRESS	<b>18731 N.W. 42 CT.</b>	STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI GARDENS, FL 33055</b>	CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STRANGE, NATHAN H</b>	NAME		
STREET ADDRESS	<b>18731 NW 42 CT</b>	STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI GARDENS, FL 33055</b>	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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.				
<b>SIGNATURE:</b> <i>W.L. Strange</i>				<b>1/25/08</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date
				<b>(305) 836 3538</b>
				Daytime Phone #

40012081



01242008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2801008** Applied For Not Applicable

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

**FL**