


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**

**Mar 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N30830</b> 1. Entity Name <b>THE BIBLE WAY MINISTRY MISSIONARY BAPTIST CHURCH, INC.</b>	
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Principal Place of Business <b>102 NW 1ST STREET/7TH AVE.          DANIA, FL 33004 US</b>	Mailing Address <b>P.O. BOX 358          DANIA, FL 33004 US</b>
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01152005 No Chg-NP	CR2E037 (10/03)
4. FEI Number <b>65-0101133</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  <b>TUCKER, TOMMY N.          2760 NW 21ST ST          FORT LAUDERDALE, FL 33311</b>	<p style="text-align: center; font-size: 2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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)

<b>Filing Fee is \$61.25          Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be          Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TUCKER, TIMOTHY D 2760 NW 21 STREET FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WASHINGTON, JEANETTE 235 SW 12TH AVE DANIA, FL. 33004,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COOPER, BETTY 710 SW 3 PLACE DANIA, FL. 33004,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROLLE, SOPHIE 5416 FLAGLER ST. HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATHIS, CORA LEE 741 SW 3RD ST. DANIA, FL. 33004,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, ALLAN 7559 MADEIRA MIRAMAR, FL

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 03/26/05-30037-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jeannette M. Washington*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *3/16/05* Daytime Phone # \_\_\_\_\_

*Jeannette M. Washington, Secretary*