


**2007 NOT-FOR-PROFIT CORPORATION**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90241 027 \*\*\*\*61.25

<b>DOCUMENT # N30830</b>					
1. Entity Name <b>THE BIBLE WAY MINISTRY MISSIONARY BAPTIST CHURCH, INC.</b>					
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>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>TUCKER, TOMMY N. 2760 NW 21ST ST FORT LAUDERDALE, FL 33311</b>			Name -		
			Street Address (P.O. Box Number is Not Acceptable) <b>2840 Somerset Drive, M14</b>		
			City <b>Lauderdale Lakes, Fl 33311</b>		
			Zip Code <b>FL 33311</b>		
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					
(Address change)					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaining)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TUCKER, TIMOTHY D 2760 NW 21 STREET FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WASHINGTON, JEANETTE 235 SW 12TH AVE DANIA, FL. 33004, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, BETTY 710 SW 3 PLACE DANIA, FL. 33004, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLLE, SOPHIE 5416 FLAGLER ST. HOLLYWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, CORA LEE 741 SW 3RD ST. DANIA, FL. 33004, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2224 Douglas Street (Address0) Hollywood, Fl 33020		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, ALLAN 7559 MADEIRA MIRAMAR, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6226 SW 24 street Miramar, Fl 33023		
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 empowerments					
SIGNATURE: <u>Jeanette M. Washington - JEANETTE M. WASHINGTON</u> 4/8/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					