


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                    |                                                                                    |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>DOCUMENT # N35030</b><br>1. Entity Name<br><b>NEW SOLID ROCK MISSIONARY BAPTIST CHURCH INC.</b> |  |
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|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business<br><b>9026 NW 22 AVE.</b><br><b>MIAMI FL 33147</b><br><b>US</b> | Mailing Address<br><b>9026 NW 22 AVE.</b><br><b>MIAMI FL 33147</b> |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------|



|                                                                                           |                                                                               |                                                                  |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country | 4. FEI Number<br><b>65-0156479</b><br>Applied For Not Applicable |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------|

1st MOORE      CR2E037 (10/05)

|                                                                                                                                        |                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>PITTS SR, MARVIN C.</b><br><b>1332 NW 188TH TER</b><br><b>MIAMI FL 33169</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City      State      Zip Code<br><div style="text-align: right;"><b>FL</b></div> |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting)      DATE \_\_\_\_\_

|                                                              |                                                                                                                     |                                                          |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2006</b> | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS |                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                              |
|----------------------------|----------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------|
| TITLE                      | VP<br>PITTS, MARK D<br>1160 N.W. 130 ST<br>MIAMI FL 33168      |                                                       |                                                              |
|                            | <input type="checkbox"/> Delete                                | 000000475761                                          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE                      | VS<br>FLOWERS, PRUDENCE<br>1779 N.W. 90 ST<br>MIAMI FL 33147   |                                                       |                                                              |
|                            | <input type="checkbox"/> Delete                                | 04/05/06-80028-011 70.00                              | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE                      | PD<br>FLOWERS, ONZIE<br>1779 N.W. 90 ST<br>MIAMI FL 33147      |                                                       |                                                              |
|                            | <input type="checkbox"/> Delete                                |                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE                      | D<br>PITTS, MARVIN<br>9207 NW 22 AVE.<br>MIAMI FL 33147        |                                                       |                                                              |
|                            | <input type="checkbox"/> Delete                                |                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE                      | ST<br>PITTS, NETTIE<br>1332 N.W. 188 TERRACE<br>MIAMI FL 33169 |                                                       |                                                              |
|                            | <input type="checkbox"/> Delete                                |                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE                      |                                                                |                                                       |                                                              |
|                            | <input type="checkbox"/> Delete                                |                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or on an attachment with an address, with all other like empowered.