


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N35030 1. Entity Name NEW SOLID ROCK MISSIONARY BAPTIST CHURCH INC.					
Principal Place of Business 9026 NW 22 AVE. MIAMI FL 33147 US		Mailing Address 9026 NW 22 AVE. MIAMI FL 33147			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0156479	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Applied For Not Applicable		1st MOORE CR2E037 (10/06)			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PITTS SR, MARVIN C. 1332 NW 188TH TER MIAMI FL 33169			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTS, MARK D			NAME	
STREET ADDRESS	1160 N.W. 130 ST			STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33168			CITY-STATE-ZIP	U00000641753 03/01/07-80013-001 70.00
TITLE	VS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, PRUDENCE			NAME	
STREET ADDRESS	1779 N.W. 90 ST			STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33147			CITY-STATE-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, ONZIE			NAME	
STREET ADDRESS	1779 N.W. 90 ST			STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33147			CITY-STATE-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTS, MARVIN			NAME	
STREET ADDRESS	9207 NW 22 AVE.			STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33147			CITY-STATE-ZIP	
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTS, NETTIE			NAME	
STREET ADDRESS	1332 N.W. 188 TERRACE			STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33169			CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN PITTS *Marvin Pitts* 0/23/07 305-836-8701