


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
---	--



1st MOORE CR2E037 (10/06)

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 65-0156479	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
PITTS SR, MARVIN C. 1332 NW 188TH TER MIAMI FL 33169	

7. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP PITTS, MARK D 1160 N.W. 130 ST MIAMI FL 33168	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VS FLOWERS, PRUDENCE 1779 N.W. 90 ST MIAMI FL 33147	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD FLOWERS, ONZIE 1779 N.W. 90 ST MIAMI FL 33147	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PITTS, MARVIN 9207 NW 22 AVE. MIAMI FL 33147	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST PITTS, NETTIE 1332 N.W. 188 TERRACE MIAMI FL 33169	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	U00000641753 03/01/07-80013-001 70.00	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>

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