

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90013 046 ****66.25

DOCUMENT # N35030

1. Entity Name
NEW SOLID ROCK MISSIONARY BAPTIST CHURCH INC.



Principal Place of Business Mailing Address
9026 NW 22 AVE. 9026 NW 22 AVE.
MIAMI FL 33147 MIAMI FL 33147
US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0156479** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$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 **Flowers, Onzie**
 Street Address (P.O. Box Number is Not Acceptable)
1779 N.W. 90 St.
Miami, Fla. 33147
 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 *Onzie Flowers* DATE *Jan. 30, 2008*
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur D. Grimage JR.	
STREET ADDRESS	10400 N.W. 29 AVE	
CITY-ST-ZIP	MIAMI, FLA. 33147	
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perez, VANDELLA	
STREET ADDRESS	1779 N.W. 90 ST	
CITY-ST-ZIP	MIAMI, FLA. 33147	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Flowers, PRUDENCE	
STREET ADDRESS	1779 N.W. 90 St.	
CITY-ST-ZIP	MIAMI, FLA. 33147	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Flowers, ONZIE	
STREET ADDRESS	1779 N.W. 90 St.	
CITY-ST-ZIP	MIAMI, FLA. 33147	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Annette	
STREET ADDRESS	2191 N.W. 3 Ave Apt # 108	
CITY-ST-ZIP	MIAMI, FLA. 33127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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: *Onzie Flowers* DATE: *Jan. 30, 2008*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR