

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35030

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: NEW SOLID ROCK MISSIONARY BAPTIST CHURCH INC.

**Current Principal Place of Business:**

9026 NW 22 AVE.  
MIAMI, FL 33147 US

**New Principal Place of Business:**

**Current Mailing Address:**

9026 NW 22 AVE.  
MIAMI, FL 33147

**New Mailing Address:**

FEI Number: 65-0156479      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLOWERS, ONZIE  
1779 NW 90 ST  
MIAMI, FL 33147 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: GRIMAGE JR, ARTHUR D  
Address: 10400 NW 29 AVE  
City-St-Zip: MIAMI, FL 33147

Title: VS ( ) Delete  
Name: FLOWERS, PRUDENCE  
Address: 1779 N.W. 90 ST  
City-St-Zip: MIAMI, FL 33147

Title: PD ( ) Delete  
Name: FLOWERS, PRUDENCE  
Address: 1779 N.W. 90 ST  
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete  
Name: FLOWERS, ONZIE  
Address: 1779 NW 90 ST  
City-St-Zip: MIAMI, FL 33147

Title: ST ( ) Delete  
Name: WILSON, ANNETTE  
Address: 2191 NW 3 AVE APT #108  
City-St-Zip: MIAMI, FL 33127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ONZIE FLOWERS

D

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date