


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N37501</b> 1. Entity Name <b>GRACE BAPTIST CHURCH OF NORTH MIAMI, INC.</b>	
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Principal Place of Business <b>1200 NW 7TH AVE. P.O. BOX 681844 N. MIAMI, FL 33168-1844</b>	Mailing Address <b>1200 NW 7TH AVE. P.O. BOX 681844 N. MIAMI, FL 33168-1844</b>
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**DO NOT WRITE IN THIS SPACE**



04252007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0190040</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DOMINIQUE4, LUC  
1075 NW 127 ST  
N. MIAMI, FL 33168**

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IN THIS SPACE**

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 \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMINIQUE, LUC 1075 NW 127 ST MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALCINDOR, BERNADIN 384 NE 87 ST MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PROPHETE, RICARD 190 NW 101 ST. MIAMI SHORES, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIMONE, JOSEPH 12 NE 89 ST. EL PORTAL, FL 331383048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/14/07-80006-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** *Phac... Rev. Luc DOMINIQUE* **4/23/07 305-681-6807**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #