

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41332

FILED
Jul 02, 2007
Secretary of State

Entity Name: THE ATLANTIC COAST BAPTIST ASSOCIATION, INC.

Current Principal Place of Business:

C/O GLENN R. MILLER
15000 NO W. 27TH AVE
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

C/O GLENN R. MILLER
67 NO. E. 168TH STREET
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 59-6543653 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MILLER, GLENN R
67 NE 168TH ST
STE 806
NORTH MIAMI BEACH, FL 33162 US

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: D () Delete
Name: SEARS, NATHAN REV.
Address: 320 W 32ND ST
City-St-Zip: RIVIERA BEACH, FL

Title: D () Delete
Name: CLARK, FRANKLIN R REV
Address: 1450 NO W. 1ST COURT
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: BROWN, ANTHONY REV
Address: 1571 NO W. 68 TERRACE
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: JOHNSON, LEROY REV
Address: 2365 NW 180 TERR
City-St-Zip: MIAMI, FL

Title: DS () Delete
Name: BROWN, WILHELMINA C SIS.
Address: 1730 NO W. 3RD AVENUE
City-St-Zip: MIAMI, FL 33136

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: WILHEMINA BROWN

DS

07/02/2007

Electronic Signature of Signing Officer or Director

Date