


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

FILED
Jul 27, 2007 08:00 AM
Secretary of State

DOCUMENT # N42657 1. Entity Name GREATER MOUNT EVERETT MISSIONARY BAPTIST CHURCH, INC.		
Principal Place of Business 318 NW 9TH ST HALLANDALE, FL 33009 US		Mailing Address 318 NW 9TH ST HALLANDALE, FL 33009 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KELLEY, PAUL REV 318 NW 9TH ST. HALLANDALE, FL 33313		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. GOLDEN, WILLIE L DR 18910 NW 29 PLACE MIAMI GARDENS, FL 33056	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, DALE 4610 SW 36TH ST HOLLYWOOD, FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC KELLEY, PAUL REV 3321 NW 177 TERR MIAMI, FL 33056	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLEY, LOUIS DEACON 6427 NW 201 TERRECE HIALEAH, FL 33015	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUDSON, JEAN 3941 SW 27 STREET HOLLYWOOD, FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BELL, CAROLYN S 9311 NW 43 ST SUNRISE, FL 33351	
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: <i>Paul Kelley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>7/20/07</i> Daytime Phone #: <i>786-251-1645</i>



07192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0245098	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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07/27/07-80002-015 61.25

**DO NOT WRITE
IN THIS SPACE**