


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N47949</b>	
1. Entity Name <b>HOLY FAITH MISSIONARY BAPTIST CHURCH, INC.</b>	
	
Principal Place of Business <b>17001 NW 20TH AVENUE OPALOCKA, FL 33056</b>	Mailing Address <b>17001 NW 20TH AVENUE OPALOCKA, FL 33056</b>



07112005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0322534</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WILLIAMS, GREGORY 16269 SW 16TH ST PEMBROKE PINES, FL 33027</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000372816  
07/14/05-80003-002 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, IRVIN J 3051 N.W. 186TH TERR OPA LOCKA, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, SHELLY 4451 NW 171ST ST OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, GREGORY 16269 SW 16TH STREET PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, HELEN 1156 DUNAD AVENUE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, ERNEST 7758 LASALLE BLVD MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURST, REAUDREY 3540 NW 82ND STREET MIAMI, FL 33147

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*IRVIN LYONS JR.* 7/14/05 305-725-0732