

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 12, 2009**  
**Secretary of State**

DOCUMENT# N47949

**Entity Name:** HOLY FAITH MISSIONARY BAPTIST CHURCH, INC.**Current Principal Place of Business:**17001 NW 20TH AVENUE  
OPALOCKA, FL 33056**New Principal Place of Business:****Current Mailing Address:**17001 NW 20TH AVENUE  
OPALOCKA, FL 33056**New Mailing Address:****FEI Number:** 65-0322534**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WILLIAMS, GREGORY  
16269 SW 16TH ST  
PEMBROKE PINES, FL 33027 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:** D ( ) Delete  
**Name:** JOHN, CONE  
**Address:** 17001 NW  
**City-St-Zip:** MIAMI GARDENS, FL 33056 US**Title:** S ( ) Delete  
**Name:** WILLIAMS, SHELLY  
**Address:** 4451 NW 171ST ST  
**City-St-Zip:** OPA LOCKA, FL 33055 US**Title:** P ( ) Delete  
**Name:** WILLIAMS, GREGORY  
**Address:** 16269 SW 16TH STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33027 US**Title:** T ( ) Delete  
**Name:** KIM, ELLIOIT  
**Address:** 17001 NW  
**City-St-Zip:** MIAMI GARDENS, FL 33056 US**Title:** D ( ) Delete  
**Name:** HURST, REAUDREY  
**Address:** 3540 NW 82ND STREET  
**City-St-Zip:** MIAMI, FL 33147 US**Title:** VP ( ) Delete  
**Name:** WILLIAMS, MILLICENT L  
**Address:** 16269 SW 16TH STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33027 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** T (X) Change ( ) Addition  
**Name:** WILLIAMS, SHELLY  
**Address:** 4451 NW 171ST ST  
**City-St-Zip:** OPA LOCKA, FL 33055 US**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** T (X) Change ( ) Addition  
**Name:** TYNESE, EDWARDS  
**Address:** 17001 NW  
**City-St-Zip:** MIAMI GARDENS, FL 33056 US**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: GREGORY WILLIAMS

P

11/12/2009

Electronic Signature of Signing Officer or Director

Date