

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N92000000061

1. Entity Name
BARUCH CHRISTIAN FELLOWSHIP MINISTRIES, INC.



Principal Place of Business
**730 N.E. 130 STREET
MIAMI, FL 33161 US**

Mailing Address
**730 N.E. 130 STREET
MIAMI, FL 33161 US**



03282008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0370342

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PINDER, JULIEANN
130 N.W. 147 STREET
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 _____

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 May 1, 2008**

8. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PINDER, PRINCEY 130 N.W. 147TH STREET MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNES, PATRICIA 130 N.W. 147 STREET - UNIT #2 MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BOWE, ROSE 14565 NORTHLAKE BLVD. WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CAMPBELL, JOSEPHINE 130 N.W. 147TH ST. MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINDER, JULIEANN 130 N.W. 147 ST. MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000897992
04/25/08-80070-009 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-08 (305) 769-1042