

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001964

FILED
Aug 28, 2009
Secretary of State

Entity Name: FRATERNITY BAPTIST CHURCH, INC.

Current Principal Place of Business:

13300 NE 7TH AVE
MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

13300 NE 7TH AVE
MIAMI, FL 33161 US

New Mailing Address:

FEI Number: 65-0410171 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:

ATHOURISTE, WISMY REV
511 NW 96 TERRACE
PEMBROKE PINES, FL 33024 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: P () Delete
Name: ATHOURISTE, WISMY
Address: 511 NW 96 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VD () Delete
Name: EYMA, NELLY
Address: 251 N.W. 67 STREET
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: JEAN-JACQUES, VASQUEZ
Address: 813 SW 9TH ST., #B
City-St-Zip: HALLANDALE, FL

Title: TD () Delete
Name: TIMOTHE, WILLY
Address: 340 N.W. 116 ST.
City-St-Zip: MIAMI, FL

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:

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: WISMY ATHOURISTE

P

08/28/2009

Electronic Signature of Signing Officer or Director

Date