

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000000812**

**1. Entity Name**  
**MOUNT NEBO MISSIONARY BAPTIST CHURCH OF**  
**SOUTH MIAMI, INC.**



**Principal Place of Business**  
**6075 SW 64TH ST.**  
**SOUTH MIAMI, FL 33143**

**Mailing Address**  
**6075 SW 64TH ST.**  
**SOUTH MIAMI, FL 33143**



01112006 No Chg-NP CR2E037 (11/05)

**4. FEI Number**  
**65-0462191**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional**  
**Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WHIPPLE, EMANUEL**  
**6075 SW 64TH ST.**  
**SOUTH MIAMI, FL 33143**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$51.25**  
**Due by May 1, 2006**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

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

**1100000417847**  
**02/13/06-80071-007 61.25**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**WHIPPLE, EMANUEL**  
**6075 SW 64TH ST.**  
**SOUTH MIAMI, FL 33143**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**PRICE, JOHNNY**  
**6400 SW 60TH AVE**  
**SOUTH MIAMI, FL 33143**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**ERVIN, CHERYL**  
**725 NW 175TH ST**  
**MIAMI, FL 33169**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**VICKERS, SHELDON**  
**15600 SW 103RD COURT**  
**MIAMI, FL 33157**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**CHERRY, REGINALD**  
**22270 SW 107TH AVE**  
**MIAMI, FL 33157**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE**  
**IN THIS SPACE**

**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:**

*Emmanuel Whipple*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*1/17/06*  
**DATE**

**Daytime Phone #**