

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 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**

**DO NOT WRITE IN THIS SPACE**



01232007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**65-0462191**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**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 \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**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

U00000666429  
03/23/07-80070-010 61.25

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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:** *Reginald Cherry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/07  
Date Daytime Phone #