

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90034 030 \*\*\*\*61.25

**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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**65-0462191**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/08**

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition  
NAME **ALFRED GERALD**  
STREET ADDRESS **14901 POLK STREET**  
CITY-ST-ZIP **MIAMI, FL 33177**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **VICKERS, SHELDON**  
STREET ADDRESS **15800 SW 103RD COURT**  
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*

**4/29/08**