

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90026 029 \*\*\*\*\*70.00

**DOCUMENT # N94000005738**

1. Entity Name

**MOUNT HERMON COMMUNITY BAPTIST CHURCH, INC.**



Principal Place of Business

Mailing Address

1171 SUNSET STRIP  
SUNRISE FL 33313  
US

1171 SUNSET STRIP  
SUNRISE FL 33313  
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0285216

Applied For

Not Applicable

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

**FULLER ACCOUNTING & MANAGEMENT SERVICES**  
**3365 N.W. 32ND CT.**  
**LAUDERDALE LAKES FL 33309**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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 PD ☐ Delete  
NAME MORRISON, FITZ A  
STREET ADDRESS 160 NE 165 ST  
CITY- ST- ZIP MIAMI FL 33162

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

TITLE TD ☒ Delete  
NAME TAFTE, STEPHEN  
STREET ADDRESS 661 W. MELROSE CIR.  
CITY- ST- ZIP FT. LAUDERDALE FL 33312

TITLE ☐ Change ☐ Addition  
NAME Gwendolyn Todd  
STREET ADDRESS 5850 NW. 57th Ave, Apt #7  
CITY- ST- ZIP Tamarac, FL 33319

TITLE SD ☒ Delete  
NAME FULLER, DOROTHY E  
STREET ADDRESS 1940 NW 38TH TERR  
CITY- ST- ZIP POMPANO BEACH FL 33066

TITLE ☐ Change ☐ Addition  
NAME SD  
STREET ADDRESS Deleta e. Wilmot  
CITY- ST- ZIP 6641 NW 22nd St.  
Sunrise, FL. 33313

TITLE T ☐ Delete  
NAME FLYNN, ABRAHAM L  
STREET ADDRESS 6901 DORAL DR  
CITY- ST- ZIP N LAUDERDALE FL 33068

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

TITLE T ☐ Delete  
NAME ANDREA, TULLOCH J  
STREET ADDRESS 9349 NW 55TH ST  
CITY- ST- ZIP SUNRISE FL

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 Section 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07

954-792-4274