

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

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000000660

1. Entity Name
**GREATER SAINT ADORKOR MISSIONARY BAPTIST
CHURCH, INC.**



Principal Place of Business
**2212 ATLANTA STREET
HOLLYWOOD, FL 33020**

Mailing Address
**2212 ATLANTA STREET
HOLLYWOOD, FL 33020**



03032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0664673

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BELL, JOHN JR
2250 NW 175 STREET
MIAMI, FL 33055**

**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

John Bell

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

(NOTE: Registered Agent signature required when reinstating)

3/5/07
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 BELL, JOHN JR 2250 NW 175 ST MIAMI, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, BERNARD 16311 E BUNCHE PARK DR OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COX, PAULA 1883 N.W. 83 TERRACE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, ARTHUR J 2360 NW 153 ST OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, JAMES 25 NE 171 ST N MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC PENN, LUCY W 754 SW 3 ST DANIA, FL 33004

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03/15/07-80044-003 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/07

Date

954 927-2383

Daytime Phone #