


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90028 039 ****61.25

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		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BELL, JOHN JR 2250 NW 175 STREET MIAMI, FL 33055				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, JOHN JR		NAME		
STREET ADDRESS	2250 NW 175 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33050		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITCHELL, BERNARD		NAME		
STREET ADDRESS	16311 E BUNCHE PARK DR		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COX, PAULA		NAME		
STREET ADDRESS	1883 N.W. 83 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MATHIS, ARTHUR J		NAME	Reverend Emmanuel Rowe	
STREET ADDRESS	2360 NW 153 ST		STREET ADDRESS	2241 Sherman Cir Apt. 203C	
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP	Miramar, FL 33025-2268	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, JAMES		NAME		
STREET ADDRESS	25 NE 171 ST		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH, FL		CITY-ST-ZIP		
TITLE	CC <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENN, LUCY W		NAME		
STREET ADDRESS	754 SW 3 ST		STREET ADDRESS		
CITY-ST-ZIP	DANIA, FL 33004		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: <i>John Bell</i>			Date: 1/27/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Daytime Phone #: 305 624-6652		