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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000001235

1. Entity Name
EPHESUS OF MIAMI MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
2506 NW 95 STREET MIAMI, FL 33147 US	13301 N.W. 19TH AVENUE MIAMI, FL 33167

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 471677 Suite, Apt. #, etc.
City & State	City & State: Miami, Florida
Zip / Country	Zip: 33247 / Country

01282004 Chg-NP CR2E037 (10/03)

4. FEI Number: 65-0571193 ☐ 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
HILTON, PINKNEY REV. 13301 N.W. 19TH AVENUE MIAMI, FL 33167	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HILTON, PINKNEY REV. 13301 N.W. 19TH AVENUE MIAMI, FL 33167	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILTON, MATTIE M 13301 N.W. 19TH AVENUE MIAMI, FL 33167	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACK, BUNION 710 CURTISS DRIVE OPA LOCKA, FL 33054	☐ Delete		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CC MCKINNIE, ROSANNA P.O. BOX 471677 MIAMI, FL 33247	☐ Delete	RASAMMA McKinnie	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILTON, AINSLEY B P.O. BOX 471677 MIAMI, FL 33247	☐ Delete	2/10	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rasamma McKinnie 1-30-04 (305) 961-9178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #