

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001235

FILED
Apr 24, 2009
Secretary of State

Entity Name: EPHEsus OF MIAMI MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

2506 NW 95 STREET
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 471677
MIAMI, FL 33247

New Mailing Address:

FEI Number: 65-0571193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HILTON, PINKNEY REV.
13301 N.W. 19TH AVENUE
MIAMI, FL 33167 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HILTON, PINKNEY REV.
Address: 13301 N.W. 19TH AVENUE
City-St-Zip: MIAMI, FL 33167

Title: D () Delete
Name: HILTON, MATTIE M
Address: 13301 N.W. 19TH AVENUE
City-St-Zip: MIAMI, FL 33167

Title: D () Delete
Name: MACK, BUNION
Address: 710 CURTISS DRIVE
City-St-Zip: OPA LOCKA, FL 33054

Title: CC () Delete
Name: MCKINNIE-HILTON, RASAMMA
Address: P.O. BOX 471677
City-St-Zip: MIAMI, FL 33247

Title: D () Delete
Name: HILTON, AINSLEY B
Address: P.O. BOX 471677
City-St-Zip: MIAMI, FL 33247

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: ANDERSON, HOWARD S
Address: 4021 N.W. 1ST AVENUE
City-St-Zip: MIAMI, FL 33127

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RASAMMA MCKINNIE-HILTON

CC

04/24/2009

Electronic Signature of Signing Officer or Director

Date