

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90094 018 ****70.00

DOCUMENT # N95000003548

1. Entity Name
SHADY GROVE MISSIONARY BAPTIST CHURCH, INC



Principal Place of Business

117 Grand Ave
MIAMI, FL 33133 US
Coral Gables Fl 33133

Mailing Address

P.O. BOX 774 330774
MIAMI, FL 33133 US

50049983



05022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0601269	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PORCHER, MAGGIE
3553 HIBISCUS ST.
MIAMI, FL 33143

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEOP
NAME	PORCHER, MAGGIE FS
STREET ADDRESS	3553 HIBISCUS STREET
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	PE
NAME	CRAWFORD, JOHN
STREET ADDRESS	3197 FLORIDA AVE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	T
NAME	FERGUSON, WILLIAM
STREET ADDRESS	15000 SW 105 CT.
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	DV
NAME	PORCHER, ANTHONY
STREET ADDRESS	3553 HIBISCUS ST
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	S
NAME	JONES, JOYCE
STREET ADDRESS	14421 NW 13TH RD
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	JONES, FRED
STREET ADDRESS	14421 NW 13TH RD
CITY-ST-ZIP	MIAMI, FL

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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: *Maggie Porcher* **Maggie Porcher** *May 1, 2005* **305-5893**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #