

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90015 033 \*\*\*\*70.00

<b>DOCUMENT # N95000003548</b> 1. Entity Name <b>SHADY GROVE MISSIONARY BAPTIST CHURCH, INC</b>			
Principal Place of Business <b>117 GRAND AVE</b> <b>MIAMI, FL 33133 US</b>		Mailing Address <b>P.O. BOX 774</b> <b>MIAMI, FL 33133 US</b>	
2. Principal Place of Business - No P.O. Box # <b>117 Grand Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 330774</b> Suite, Apt. #, etc.	
City & State <b>Coral Gables FL 33133</b> Zip <b>33133</b>		City & State <b>Miami FL 33133</b> Zip <b>33133</b>	
Country <b>Dade Miami</b>		Country <b>Dade Miami</b>	
4. FEI Number <b>65-0601269</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PORCHER, MAGGIE</b> <b>3553 HIBISCUS ST.</b> <b>MIAMI, FL 33133</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOP PORCHER, MAGGIE FS 3553 HIBISCUS STREET MIAMI, FL 33133	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FERGUSON, WILLIAM 15000 SW 105 CT. MIAMI, FL 33174	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PORCHER, ANTHONY 3553 HIBISCUS ST MIAMI, FL 33133	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JONES, JOYCE 14421 NW 13TH RD MIAMI, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, FRED 14421 NW 13TH RD MIAMI, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE: Maggie Porcher</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>5-12-08</b> <small>Date</small>	
<b>305-7935813</b> <small>Daytime Phone #</small>		<b>305-7935813</b> <small>Daytime Phone #</small>	