

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State



DOCUMENT # N95000006046

1. Entity Name

**NEW SAINT PAUL MISSIONARY BAPTIST CHURCH OF
MIAMI, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**4757 NW 2ND AVE
MIAMI FL 33127**

**840 N.W. 199 STREET
MIAMI FL 33169**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E037 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0884031

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JONES, JERRY
840 NW 199 ST
MIAMI FL 33169**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	PD	JOHNSON, ROOSEVELT REV.	254 NW 43RD STREET MIAMI FL 33127				
	TD	JONES, JERRY SR	840 N.W. 199 STREET MIAMI FL 33169				
	D	PRUDENT, LONNIE	16198 NE 9TH PLACE MIAMI FL 33162				
	D	ROBINSON, MATTIE	15840 BUNCHE PARK SCH DR MIAMI GARDENS FL 33054				
	D	BANKS, CHRISTINA	2470 N.W. 140 STREET OPA LOCKA FL 33054				

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02/16/07-80028-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jerry Jones Sr **JERRY JONES SR 2-4-07 786-202-1486**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #