

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000006046

FILED  
Mar 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4757 NW 2ND AVE  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

840 N.W. 199 STREET  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** 59-0884031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, JERRY SR  
840 NW 199 ST  
MIAMI, FL 33169 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: JOHNSON, ROOSEVELT REV.  
Address: 254 NW 43RD STREET  
City-St-Zip: MIAMI, FL 33127

Title: TD ( ) Delete  
Name: JONES, JERRY SR  
Address: 840 N.W. 199 STREET  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: PRUDENT, LONNIE  
Address: 16198 NE 9TH PLACE  
City-St-Zip: MIAMI, FL 33162

Title: D ( ) Delete  
Name: ROBINSON, MATTIE  
Address: 15840 BUNCHE PARK SCH DR  
City-St-Zip: MIAMI GARDENS, FL 33054

Title: D ( ) Delete  
Name: BANKS, CHRISTINA  
Address: 2470 N.W. 140 STREET  
City-St-Zip: OPA LOCKA, FL 33054

**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:

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: JERRY JONES SR

R A

03/20/2009

Electronic Signature of Signing Officer or Director

Date