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

## Mar 02, 2007 8:00 am Secretary of State DOCUMENT # N96000004126 1. Entity Name 03-02-2007 90021 029 \*\*\*\*61.25 NEW GENERATION MISSIONARY BAPTIST CHURCH, Principal Place of Business Mailing Address 5384 SW 159TH AVE **NEW GENERATION** MIRAMAR FL 33027 5384 SW 159TH AVE MIRAMAR FL 33027 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 65-0764662 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUTLER, WAYNE Street Address (P.O. Box Number is Not Acceptable) 1290 N.W. 41ST STREET **MIAMI FL 33142** City 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 DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete THE ☐ Change ☐ Addition NAME THOMAS, RANZER SR NAME STREET ADDRESS STREET ADDRESS 5384 SW 159TH AVE CHY-SI-7IP CHY-SI-ZP MIRAMAR FL 33027 TIME Delete THILE ☐ Addition Crecelene Joseph 20165 N. W. 37 court NAME CRECELENE, JOSEPH STREET ADORESS STREET ADDRESS 3380 S DOUGLAS RD Miami, Gardens, Fl 33055 CITY - ST- ZIP CITY ST-ZIP MIRAMAR FL 33025 HILL TD ☐ Delete IIILE Addition NAME NAME GRIMSLEY, ALEXIS STREET ADDRESS STREET ADDRESS 1861 NW 207TH ST APT 207 CHY SI-ZIP CITY ST-ZIP **MIAMI FL 33056** THIE Delete TITLE ☐ Change ■ Addition TD NAME NAME BUTLER, WAYNE STREET ADDRESS STREET ADDRESS 1290 N.W. 41 STREET CITY-ST-ZIP CITY S1-7IP MIAMI FL 33142 TITLE ☐ Delele THE Change ☐ Addition Smith, Emanuel 6941 N.W. 17thAVK NAME SMITH, EMANUEL NAME STREET ADDRESS 60 NW 171 TERR STREET ADDRESS CITY - ST- ZIP MIAMI FL 33169 CHY ST-7IP TITLE ☐ Delete THEF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREEL ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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 eath; 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:
SIGNATURE:
Jan.
Jeb 20, 07 389-3308