

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000005402 1. Entity Name HOSANNA COMMUNITY BAPTIST CHURCH, INC.	
--	---

Principal Place of Business 2020 NW 63RD ST MIAMI, FL 33147	Mailing Address PO BOX 54086 OPA-LOCKA, FL 33054
---	--

DO NOT WRITE IN THIS SPACE



04252004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0854821	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DINKINS, CHARLES LEE 1141 KASIM ST OPA-LOCKA, FL 33054
--

DO NOT WRITE 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.

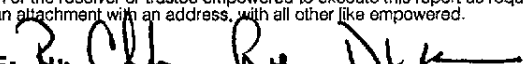
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DINKINS, CHARLES LEE REV. 1141 KASIM ST OPA-LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DINKINS, CAROLYN 1141 KASIM STREET OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GELIN, ELIZA 11371 NW 11TH AVE MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LEWIS, JOYCE 3051 NW 99TH ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAKER, GERROD 11760 SW 170 TERRACE MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRYAN, MAUREEN 16911 NW 33RD CT MIAMI, FL 33056

000000135153 04/28/04-80048-018 61.25 DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/26/04 305.410.4164 Date Daytime Phone #
--	--