



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

02-15-2006 90023 047 ****61.25

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0854821		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DINKINS, CHARLES LEE 1141 KASIM ST OPA-LOCKA, FL 33054		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINKINS, CHARLES LEE REV.	NAME	
STREET ADDRESS	1141 KASIM ST	STREET ADDRESS	
CITY-ST-ZIP	OPA-LOCKA, FL 33054	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINKINS, CAROLYN	NAME	
STREET ADDRESS	1141 KASIM STREET	STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA, FL 33054	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELIN, ELIZA	NAME	
STREET ADDRESS	11371 NW 11TH AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33168	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JOYCE	NAME	
STREET ADDRESS	3051 NW 89TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33147	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	VICE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, GERROD	NAME	
STREET ADDRESS	11780 SW 170 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33177	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, MAUREEN	NAME	
STREET ADDRESS	16911 NW 33RD CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33058	CITY-ST-ZIP	
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.			
SIGNATURE: 		2/27/06 305 610-4164	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



ATTACHMENT

66003230

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2006

HOSANNA COMMUNITY BAPTIST CHURCH, INC.
PO BOX 54086
OPA-LOCKA, FL 33054

Subject: HOSANNA COMMUNITY BAPTIST CHURCH, INC.

Reference Number: N98000005402

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION