## 2008 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

**FILED** Apr 30, 2008 08:00 AN Secretary of State

1. Entity Name

HOSANNA COMMUNITY BAPTIST CHURCH, INC.



Principal Place of Business

2171 NW 56TH STREET MIAMI, FL 33142

Mailing Address

PO BOX 54086 OPA-LOCKA, FL 33054



05012008 No Chg-NP

CR2E037 (4/06)

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 SDACE

			IN THIS STACE					
	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	d office or r	egistered agent; or bo	oth, in the State of Florida. I am familiar with, and accept			
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered	Agent signature	e required when reinstating)	DATE			
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ     Trust Fund Contribution.	ting 🗀	<b>\$5.00</b> 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				. U00000938046 05/27/08-80073-025 61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELIN, ELIZA 13240 NW 23RD AVENUE MIAMI, FL 33147							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIS, JOYCE 3051 NW 99TH ST MIAMI, FL 33147			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAKER, GERROD 11760 SW 170 TERRACE MIAMI, FL 33177		IN THIS SPACE					
TITLE NAME STREET ADDRESS	TD BRYAN, MAUREEN 16911 NW 33RD CT							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Fiorida 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

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME 16911 NW 33RD CT

WALTON, JJVONNA

588 NW 52ND STREET

MIAMI, FL 33056

MIAMI, FL 33127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305.610.4169