

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000037

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: NEW HARVEST MISSIONARY BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

1100 NW 45TH ST.  
MIAMI, FL 33167

**New Principal Place of Business:**

**Current Mailing Address:**

1100 NW 45TH ST.  
MIAMI, FL 33167

**New Mailing Address:**

FEI Number: 65-0882157      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CAINES, REGENIA S  
15600 N.W. 44TH COURT  
OPA LOCKA, FL 33054      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: THOMPSON, GREGORY D PASTOR  
Address: 4410 N.W. 11AVE.  
City-St-Zip: MIAMI, FL 33127

Title: VD      ( ) Delete  
Name: DONALDSON, CHARLES L DEACON  
Address: 20364 N.W. 43RD. AVE  
City-St-Zip: MIAMI, FL 33055

Title: DT      ( ) Delete  
Name: ADAMS, LEVY DEACON  
Address: 1100 N.W. 45 ST.  
City-St-Zip: MIAMI, FL 33127

Title: C      ( ) Delete  
Name: HILL, MARGARET  
Address: 231 N.E. 43RD STREET  
City-St-Zip: MIAMI, FL 33137

Title: D      ( ) Delete  
Name: LATTIMORE, ANGELA D  
Address: 1351 N.E. 159TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D      ( ) Delete  
Name: ADAMS, LELIA  
Address: 1100 N.W. 45TH STREET  
City-St-Zip: MIAMI, FL 33127

**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:

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: GREGORY D. THOMPSON

PD

04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date