

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006079

FILED
Jan 10, 2009
Secretary of State

Entity Name: SECOND CHANCE MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

8730 N.W. 20 AVENUE
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

PO BOX 171307
HIALEAH, FL 330171307

New Mailing Address:

FEI Number: 65-0954799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSSER, KATIE I
16820 NW 53 AVE
MIAMI, FL 33055 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: D () Delete
Name: WILSON, BEN JR, REV
Address: P.O. BOX 170866
City-St-Zip: HIALEAH, FL 3301733

Title: D () Delete
Name: ROSSER, KATIE I
Address: P.O. BOX 170866
City-St-Zip: HIALEAH, FL 33017

Title: D () Delete
Name: WILSON, WILLIE L
Address: 201 N.W. 73 TERR., APT. 3
City-St-Zip: MIAMI, FL 33150

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILSON, BEN JR, REV
Address: P.O. BOX 170866
City-St-Zip: HIALEAH, FL 33017

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILSON, WILLIE L
Address: 2125 N. W. 82 STREET
City-St-Zip: MIAMI, FL 33147

Title: D () Change (X) Addition
Name: STEWART, TERA L
Address: 78 N. W. 48 STREET
City-St-Zip: MIAMI, FL 33127

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: KATIE I. ROSSER

CEO

01/10/2009

Electronic Signature of Signing Officer or Director

Date