

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47949

Entity Name: HOLY FAITH MISSIONARY BAPTIST CHURCH, INC.**Current Principal Place of Business:**17001 NW 20TH AVENUE
OPALOCKA, FL 33056**Current Mailing Address:**17001 NW 20TH AVENUE
OPALOCKA, FL 33056**FEI Number:** 65-0322534**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, GREGORY
16269 SW 16TH ST
PEMBROKE PINES, FL 33027 US*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:** GREGORY WILLIAMS

01/14/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DEACONESS
Name	CONE, IRMA
Address	17001 NORTHWEST 20TH AVENUE
City-State-Zip:	MIAMI GARDENS FL 33056

Title	CORRESPONDING SECRETARY
Name	WILLIAMS, SHELLY
Address	4451 NW 171ST ST
City-State-Zip:	OPA LOCKA FL 33055

Title	P
Name	WILLIAMS, GREGORY
Address	16269 SW 16TH STREET
City-State-Zip:	PEMBROKE PINES FL 33027

Title	TRUSTEE
Name	FORD, SHARHONDA TRUSTEE
Address	17001 NW
City-State-Zip:	MIAMI GARDENS FL 33056

Title	DEACON
Name	WILLIAMS, GODFREY
Address	17001NW 20TH AVE
City-State-Zip:	MIAMI FL 33027

Title	VP
Name	WILLIAMS, MILLICENT L
Address	16269 SW 16TH STREET
City-State-Zip:	PEMBROKE PINES FL 33027

Title	TREASURER
Name	KING, IRESA
Address	17001NW. 20TH AVE
City-State-Zip:	MIAMI GARDENS FL 33027

Title	DIRECTOR
Name	WILLIAMS, GREGORY ANDREW
Address	17001 NW 20TH AVENUE
City-State-Zip:	OPALOCKA FL 33056

I hereby 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 all other like empowered.

SIGNATURE: GREGORY WILLIAMS

PRESIDENT

01/14/2025

Electronic Signature of Signing Officer/Director Detail

Date