

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000006046

**FILED**  
**Jan 12, 2018**  
**Secretary of State**  
**CC9687828843**

**Entity Name:** NEW SAINT PAUL MISSIONARY BAPTIST CHURCH OF MIAMI, FLORIDA, INC.

**Current Principal Place of Business:**

4755 NW 2ND AVE  
MIAMI, FL 33127

**Current Mailing Address:**

840 N.W. 199 STREET  
MIAMI, FL 33169

**FEI Number: 59-0884031**

**Certificate of Status Desired: No**

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

JONES, JERRY SR  
840 NW 199 ST  
MIAMI, FL 33169 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           JONES, JERRY SR  
Address        840 N.W. 199 STREET  
City-State-Zip: MIAMI FL 33169

Title           CHAIRMAN  
Name           PRUDENT, LONNIE  
Address        16198 NE 9TH PLACE  
City-State-Zip: MIAMI FL 33162

Title           PRESIDENT  
Name           JOHNSON, ROOSEVELT SR.  
Address        254 NW 43 ST  
City-State-Zip: MIAMI FL 33127

Title           SECRETARY  
Name           QUINN, GAIL  
Address        7311 NW 4TH AVE  
City-State-Zip: MIAMI FL 33150

*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: JERRY JONES SR

TREASURER

01/12/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date