1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 706917

1. Corporation Name

THE CHURCH BY THE SEA INC.

Principal Place of Business

501 96TH STREET BAL HARBOUR FL 33154 Mailing Address

501 96TH STREET BAL HARBOUR FL 33154

FILED Mar 29, 1999 8:00 am § Secretary of State

03-29-1999 90053 007 ****61.25

	'	DII BIDIC DIBIL IDD

	•					İ			•				
2. Principal P	al Place of Business 2a. Mailing Addre			iress			3. Date Incorporated or Qualifed 02/28/1964						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				4 FEI Number			F	Applied For		
22		27	27				59-06684	74			Not Applicable		
City & Stat	de	Cit	City & State				5. Certifcate of	Status Desired	Sa.75 Additional Fee Required				
Zip	Country	Zip Coul			y 6. Elec		6. Election Carr	paign Financing		\$5.0	May Be		
24	25 29 30						Trust Fund C	Contribution	Added to Fees				
			10. Name and Address of New Registered Agent										
	MCNEW, HUGH D ESQ 3361 NE 170TH ST					82 Street Address (P.O. Box Number is Not Acceptable)							
MCNEW													
									,				
	BCH FL 33160		83	83									
iv me and				84	City				FL	85 Zig	Code		
-		1045	FOO FILEID CALL	4b - ab		1	otion outenite #5io	etatoment for the		changing i	ts registered		
office or t	to the provisions of Sections 617.0502 registered agent, or both, in the State of	i Fiorida. S	such change was auth	iorizea dy	une cont	oration	alion submits this 's board of directo	rs. I hereby accer	pt the appoi	ntment as	registered		
agent. I a	im familiar with, and accept the obligation	ons of, Sec	ction 617.0503, Florida	a Statutes									
SIGNATURE							And address and the same	·····	DATE				
40	Signature, typed or printed name of registered agent a			gistered Ager	it signature	required w	rhen reinstating) ADDITIONS/C	HANGES TO OF		D DIRECT	ORS IN 12		
12.	OFFICERS AND	י טואבטוני	DELETE DELETE	1.1 TITLE		Τ_				Change			
TITLE	TAT		ا مددد د	1.2 NAME						— v	_		
NAME	MAVROLEON, MACE 351 POINCIANA ISLAND				ADDRESS	,							
STREET ADDRESS				1		<u>'</u>							
CITY-ST-ZIP	NORTH MIAMI BEACH FL		☐ DELETE	1.4 CITY-S 2.1 TITLE	I-ZIP	+				Change	Addition		
TITLE	TD CHARLES												
NAME	ILVENTO, CHARLES			2.2 NAME	*******	.]							
STREET ADDRESS				2.3 STREET		<u>'</u> -	. 🛶	*-					
CITY-ST-ZIP	BAL HARBOUR FL		☐ DELETE	2.4 CITY-5 3.1 TITLE	11-ZIP	+				☐ Chang	e Addition		
TITLE	SD SMITH BORENIA		- Patric	3.1 THE						,	- . ·		
NAME	SMITH, ROBENIA 10160 COLLINS AVE, 205			3.3 STREE	T ANNOFES								
STREET ADDRESS	BAL HARBOUR FL			3.3 STREE 3.4, CITY-S		'		•					
CITY-ST-ZIP	PD		DELETE	4.1 TTLE	1-21F	+				☐ Chang	e		
	FAULKNER, FRED			4. 2 NAME		1			•				
NAME	464 644 644 66				TADDRESS				•				
STREET ADDRESS	BAL HARBOUR FL			4.3 STREE							•		
TITLE	DAL HARDOUR FL		☐ DELETE	5.1 TITLE	1-ZIF	 				Chang	e		
NAME				5.2 NAME									
				5.3 STREE	TADDRESS	3			•				
STREET ADDRESS	[5.4 CITY-S				•					
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TITLE		+				Chang	e		
	·			6.2 NAME					•	•	_		
NAME					TADDRESS	3				•			
STREET ADDRESS	· .			6.4 CITY-S									
CITY-ST-7IP	§			1.4 UII 1-3	1-211	1							

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3-25-99 305-866-032/