FILE NOW: FILING FEE IS $61.25

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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **740569** **(9)**

1. Corporation Name

HOLY CROSS LUTHERAN CHURCH OF NORTH MIAMI, FLORIDA

Principal Place of Business	Mailing Address
650 NE 135TH ST. NORTH MIAMI FL 33161	650 NE 135TH ST. NORTH MIAMI FL 33161-7519

3. Date Incorporated or Qualified: **10/13/1977**
3a. Date of Last Report: **03/18/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-0760214** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BARTELS, DENNIS L REV.
650 NE 135TH ST.
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	President/Director	☒ Change ☐ Addition
NAME	~~PATRICK, JON J~~		1.2 NAME	Curtis Taylor	
STREET ADDRESS	~~1000 N.E. 100TH ST.~~		1.3 STREET ADDRESS	650 NE 135 Street	
CITY-ST-ZIP	~~N. MIAMI BEACH FL 33162~~		1.4 CITY-ST-ZIP	N. Miami, FL 33161	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~TAYLOR, CURTCI~~		2.2 NAME	Robert Moschell	
STREET ADDRESS	~~17100 NW 12 AVENUE~~		2.3 STREET ADDRESS	650 NE 135 Street	
CITY-ST-ZIP	~~NORTH MIAMI FL~~		2.4 CITY-ST-ZIP	N. Miami, FL 33161	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~RONSTROM, MARILYN~~		3.2 NAME	Nancy Kurosky	
STREET ADDRESS	~~11925 NW 5 AVENUE~~		3.3 STREET ADDRESS	650 NE 135 Street	
CITY-ST-ZIP	~~MIAMI FL~~		3.4 CITY-ST-ZIP	~~N.Miami, FL 33161~~	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRIMSLEY, PATRICIA		4.2 NAME		
STREET ADDRESS	650 NE 135 STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	GACUSANA, ~~JOSE~~		5.2 NAME	Joe Gacusana	
STREET ADDRESS	~~11010 NE 9 AVENUE~~		5.3 STREET ADDRESS	650 NE 135 Street	
CITY-ST-ZIP	~~BISCAYNE PARK FL~~		5.4 CITY-ST-ZIP	N.Miami, FL 33161	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Patricia Grimsley 3-20-97 (305) 893-0371
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AND TITLE OF OFFICER Date Daytime Phone # 0031731