

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740569

FILED  
Mar 14, 2007  
Secretary of State

**Entity Name:** HOLY CROSS LUTHERAN CHURCH OF NORTH MIAMI, FLORIDA

**Current Principal Place of Business:**

650 NE 135TH ST.  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

650 NE 135TH ST.  
NORTH MIAMI, FL 33161

**New Mailing Address:**

**FEI Number:** 59-0760214      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROSLYN, NOEL-DORCELY J MRS  
650 NE 135TH ST.  
NORTH MIAMI, FL 33161      US

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

DENNIS, BARTELS L MR.  
650 NE 135TH ST.  
NORTH MIAMI, FL 33161      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: DENNIS L. BARTELS      03/14/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: RUSH, SHARAVEEN MRS.  
Address: 470 N.W. 139 STREET  
City-St-Zip: NORTH MIAMI, FL 33168 US

Title: VPD      ( ) Delete  
Name: HERNLEM, FRED MR  
Address: 3802 NE 207 STREET APT#103  
City-St-Zip: AVENTURA, FL 33180 US

Title: TD      ( ) Delete  
Name: MEADOR, DOTTIE  
Address: 15900 W. PRESTWICK PLACE  
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: S      ( ) Delete  
Name: LANTZ, JACI MISS  
Address: 1919 VAN BUREN #401  
City-St-Zip: HOLLYWOOD, FL 33020 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROSLYN NOEL-DORCELY      MRS.      03/14/2007  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date