2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740569

FILED Mar 13, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

650 NE 135TH ST. NORTH MIAMI, FL 33161

Current Mailing Address: New Mailing Address:

650 NE 135TH ST. NORTH MIAMI, FL 33161

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

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUSH, SHARAVEEN MRS.
Address: 470 N.W. 139 STREET
ONLY 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

Title: PD (X) Change () Addition

Name: HENNIG, ED MR.

Address: 6301 COLLINS AVENUE APT#1703 City-St-Zip: MIAMI BEACH, FL 33141 US

Title: VPD (X) Change () Addition

Name: THOMPSON, DANE MR Address: 971 NE 116 STREET City-St-Zip: MIAMI, FL 33161 US

Title: TD (X) Change () Addition

Name: HERMANN, WILLIAM MR Address: 1310 NE 116 STREET City-St-Zip: MIAMI, FL 33161 US

Title: S (X) Change () Addition

Name: MARTINEZ, BOBBY MRS Address: 11930 NW 22 STREET

City-St-Zip: PEMBROKE PINES, FL 33026 US

I hereby certify that the information supplied with this filing does not qualify 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 MGR 03/13/2008