

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **N05418** (1)

1. Corporation Name
IMMANUEL EVANGELICAL LUTHERAN CHURCH OF MIAMI, I NC.

Principal Place of Business Mailing Address
1770 BRICKELL AVENUE MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/01/1984	3a. Date of Last Report 03/22/1994
4. FEI Number 59-0651089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**NORMAN, CALVIN C., SR.
1055 BELLE MEADE ISLAND DRIVE
MIAMI FL 33138**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Winnifred Strozina* **Winnifred B. Strozina** **3/21/95**
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GIBSON, BRUCE
STREET ADDRESS	1065 N.E. 143RD ST.
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	SATTLER, DON
STREET ADDRESS	7531 MIAMI BIEW DR
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	WINNIFRED, STROZINA
STREET ADDRESS	3135 NW 18TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	DEVALANCE, JO
STREET ADDRESS	1809 BRICKELL AVE #501
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	BROODNO, ADELE
23. STREET ADDRESS	1626 SOUTH MIAMI AVE
24. CITY - ST - ZIP	MIAMI, FL, 33129
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Winnifred Strozina* **Winnifred B. Strozina** **3/21/95** **631-8574**
Signature, typed or printed name of signing officer or director (Date) (Phone Number)