

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90085 044 ****61.25

DOCUMENT # N05418

1. Entity Name

IMMANUEL EVANGELICAL LUTHERAN CHURCH OF MIAMI, I

Principal Place of Business

Mailing Address

1770 BRICKELL AVENUE
 MIAMI FL 33129

1770 BRICKELL AVENUE
 MIAMI FL 33129-1608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0651089

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORMAN, CALVIN C., SR.
 1055 BELLE MEADE ISLAND DRIVE
 MIAMI FL 33138

Name
JAMES R. BEZAIRE

Street Address (P.O. Box Number is Not Acceptable)
1770 BRICKELL AVE

City
MIAMI

FL Zip Code
33129

8. 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 *Rev James R. Bezaire*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/00

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME YOUNG, DALE P
 STREET ADDRESS 107 ANTILLA AVE
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE PD Change Addition
 NAME BEZAIRE, JAMES R.
 STREET ADDRESS 609 ALMERIA AVE #302
 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VD Delete
 NAME FRANCIS, ARTHUR
 STREET ADDRESS 1723 SW 2ND AVE
 CITY-ST-ZIP MIAMI FL 33129

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME WINNIFRED, STROZINA
 STREET ADDRESS 3135 NW 18TH ST.
 CITY-ST-ZIP MIAMI FL 33125

TITLE TD Change Addition
 NAME CULLEN, CAROL
 STREET ADDRESS 12915 S.W. 66TH TERRACE
 CITY-ST-ZIP MIAMI, FL 33183

TITLE SD Delete
 NAME DEVALANCE, JO
 STREET ADDRESS 1809 BRICKELL AVE #501
 CITY-ST-ZIP MIAMI FL 33129

TITLE SD Change Addition
 NAME WILLIAMS, ROBIN
 STREET ADDRESS 1480 EUCLID # 301
 CITY-ST-ZIP MIAMI BEACH, FL 33131

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED