

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90377 047 ****61.25

DOCUMENT # N37501

1. Entity Name

GRACE BAPTIST CHURCH OF NORTH MIAMI, INC.



Principal Place of Business

1200 NW 7TH AVE.
P.O. BOX 681844
N. MIAMI FL 33168-1844

Mailing Address

1200 NW 7TH AVE.
P.O. BOX 681844
N. MIAMI FL 33168-1844

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0190040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOMINIQUE4, LUC
1075 NW 127 ST
N. MIAMI FL 33168

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMINIQUE, LUC 1075 NW 127 ST MIAMI FL 33168	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALCINDOR, BERNADIN 384 NE 87 ST MIAMI FL 33168	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PROPHETE, RICARD 190 NW 101 ST. MIAMI SHORES FL 33150	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIMONE, JOSEPH 12 NE 89 ST. EL PORTAL FL 33138-3048	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] LUC DOMINIQUE 4/26/04

305-681-6807