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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N47868 (7)

1. Corporation Name

THE MIAMI BEACH COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

1620 DREXEL AVE.  
MIAMI BEACH FL 33139

1620 DREXEL AVE.  
MIAMI BEACH FL 33139-7733



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/12/1992

3a. Date of Last Report

02/05/1996

4. FEI Number

59-1941684

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

THOMPSON, GARTH  
1620 DREXEL AVE.  
MIAMI BEACH FL 33139

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME LAKE, LEONE  
STREET ADDRESS 10777 W. SAMPLE ROAD  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE C ☐ DELETE  
NAME KARLSON, KARL  
STREET ADDRESS 14440 SW 81 AVE  
CITY-ST-ZIP MIAMI FL

TITLE VC ☐ DELETE  
NAME KEALY, MARCELLA  
STREET ADDRESS 1431 NE 102 STREET  
CITY-ST-ZIP NORTH MIAMI FL

TITLE D ☐ DELETE  
NAME WYATT, ERVIN  
STREET ADDRESS 940 LINCOLN ROAD  
CITY-ST-ZIP MIAMI BEACH FL

TITLE T ☐ DELETE  
NAME KLEIN, RUTH  
STREET ADDRESS 910 WEST AVENUE  
CITY-ST-ZIP MIAMI BEACH FL

TITLE D ☐ DELETE  
NAME BAKER, ELAINE  
STREET ADDRESS 570 W FLAGLER STREET  
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary Neal ☐ Change ☒ Addition  
1.2 NAME Deputy Neal  
1.3 STREET ADDRESS 1620 Drexel Avenue  
1.4 CITY-ST-ZIP Miami Beach, FL 33139

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0027396

CR2E037 (9/96)