

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-16-2000 90017 019 ****61.25

DOCUMENT # N47868

1. Entity 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

00010700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1941684

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THOMPSON, GARTH
 1620 DREXEL AVE.
 MIAMI BEACH FL 33139

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.

SIGNATURE

Garth Thompson

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**

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	C <input type="checkbox"/> Delete
NAME	LAKE, LEONE
STREET ADDRESS	10777 W. SAMPLE ROAD
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	VC <input type="checkbox"/> Delete
NAME	BRASSINGTON, PAUL
STREET ADDRESS	1547 NW 7TH AVE
CITY-ST-ZIP	FT LAUDERDALE FL 33311
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SAULS, STEVE
STREET ADDRESS	1700 JAMES AVE
CITY-ST-ZIP	MIAMI BCH FL 33139
TITLE	D <input type="checkbox"/> Delete
NAME	HERNANDEZ, ROBERT
STREET ADDRESS	10250 COLLINS AVE #308
CITY-ST-ZIP	BAL HARBOUR FL 33154
TITLE	S <input type="checkbox"/> Delete
NAME	DEPUTY, NEAL
STREET ADDRESS	1620 DREXEL AVENUE
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	D <input type="checkbox"/> Delete
NAME	BAKER, ELAINE
STREET ADDRESS	570 W FLAGLER STREET
CITY-ST-ZIP	MIAMI FL

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lake Leone
STREET ADDRESS	10777 W. Sample Road
CITY-ST-ZIP	Coral Springs, FL
TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brassington Paul
STREET ADDRESS	1547 NW 7th Ave
CITY-ST-ZIP	Ft. Lauderdale, FL 33311
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peggy Weber
STREET ADDRESS	1610 Lenox Avenue # 312
CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Hernandez
STREET ADDRESS	2555 Collins Avenue #1212
CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew Ogden
STREET ADDRESS	14800 SW 238th Street
CITY-ST-ZIP	Homestead, FL 33032
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Neal Deputy
STREET ADDRESS	1620 Drexel Avenue
CITY-ST-ZIP	Miami Beach, FL 33139

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:

Garth Thompson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **FEB. 03 / '00**

DAYTIME PHONE #: **(305) 534-4020**

CR2E037 (9/99)