2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702758 ADVENT LUTHERAN CHURCH OF MIAMI SHORES, FLORIDA Principal Place of Business Mailing Address 10390 NE 2ND AVE 10390 NE 2ND AVE MIAMI SHORES FL 33138 MIAMI SHORES FLA 33138-2055

3. Mailing Address

2. Principal Place of Business

FILED Jan 19, 2000 8:00 am **Secretary of State**

01-19-2000 90324 047 ****61.25



Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI Number			Ap	plied For		
				•	59-6522047				t Applicable	
, Zip	Country	Zip	Country					8.75 Additional se Required		
	6. Name and Address of Current F	Registered Agent			7. Name and Addre	ess of New Registere	d Age	nt		
ROBERTSON, CHARLES 10390 NE 2ND AVENUE MIAMI SHORES FL 33138										
				Street Address (P.O. Box Number is Not Acceptable)						
				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 typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) PATE FILE NOW: 9. Election Campaign Financing FEE IS \$61.25 PARKE Check Payable to Department of State								<u></u>		
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10										
TITLE	T .	□ Delete	TITLE		***] Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	adel, armand 8801 n Miami Avenue El Portal Fl		NAME STREET ADDRESS CITY-ST-ZIP						}	
TITLE	VP V	☐ Delete	TITLE			-] Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SEABERG, FREDERICK 11339 NE 8TH COURT		NAME STREET ADDRESS CITY-ST-ZIP							
	BISCAYNE PARK FL SD	□ Delete	TITLE			<u> </u>		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEABERG, PENNY 11339 NE 8TH CT MIAMI FL	L3 Delete	NAME STREET ADDRESS CITY-ST-ZIP					, onlange	Adolati	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Straub, doris 690 Ne 93 Street Miami Shores Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, NORMA 251 NE 168TH TERRACE NORTH MIAMI BEACH FL	🔀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	140	GERS, ALAN N W 104 S mi Shores,	Street] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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.