

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702758

FILED
Jul 01, 2004
Secretary of State**Entity Name:** ADVENT LUTHERAN CHURCH OF MIAMI SHORES, FLORIDA**Current Principal Place of Business:**10390 NE 2ND AVE
MIAMI SHORES, FL 33138**New Principal Place of Business:****Current Mailing Address:**10390 NE 2ND AVE
MIAMI SHORES, FL 33138**New Mailing Address:****FEI Number:** 59-6522047**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARC-CHARLES, JEAN-PIERRE F REV.
10390 NE 2ND AVENUE
MIAMI SHORES, FL 33138 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** T () Delete
Name: JOSEPH, NIKYE
Address: 13929 NE 3RD COURT
City-St-Zip: MIAMI, FL 33161**Title:** P () Delete
Name: SEABERG, FREDERICK
Address: 11339 NE 8TH COURT
City-St-Zip: BISCAYNE PARK, FL 33161**Title:** D () Delete
Name: BOYER, JEAN
Address: 875 NE 134 STREET
City-St-Zip: NORTH MIAMI, FL 33161**Title:** D () Delete
Name: RODRIGUEZ, ANTONIO
Address: 751 NE 83RD TERRACE # 6
City-St-Zip: MIAMI, FL 33138**Title:** VP () Delete
Name: ERIE, ARIANE
Address: 8601 NE 2 AVENUE
City-St-Zip: MIAMI, FL 33138**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: CAMEAU, JOSETTE
Address: 240 W 15TH ROAD, NO. 107
City-St-Zip: MIAMI, FL 33129**Title:** D (X) Change () Addition
Name: LOPS, MAGALLI
Address: 400 NW 131 STREET
City-St-Zip: NORTH MIAMI, FL 33168**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIKYE JOSEPH

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07/01/2004

Electronic Signature of Signing Officer or Director

Date