2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# 702758

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: CAMEAU, JOSETTE
Address: 240 W 15TH ROAD, NO. 107
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete
Name: LOPS, MAGALLI
Address: 400 NW 131 STREET
City-St-Zip: NORTH MIAMI, FL 33168

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: P (X) Change ( ) Addition
Name: OLIVIER, ARIANE E
Address: 8601 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33138

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: BRUTUS, ELIZABETH
Address: 13655 NE 10TH AVENUE
City-St-Zip: NORTH MIAMI, FL 33161

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: ARIANE E. OLIVIER P 04/14/2005

Electronic Signature of Signing Officer or Director — Date