

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702758

**FILED**  
**Mar 26, 2015**  
**Secretary of State**  
**CC0095824780****Entity Name:** ST. JOHN LUTHERAN CHURCH OF MIAMI SHORES, FLORIDA, INC.**Current Principal Place of Business:**10390 NE 2ND AVE  
MIAMI SHORES, FL 33138**Current Mailing Address:**10390 NE 2ND AVE  
MIAMI SHORES, FL 33138**FEI Number: 59-6522047****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MARC-CHARLES, JEAN-PIERRE F REV.  
10390 NE 2ND AVENUE  
MIAMI SHORES, FL 33138 US*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**Officer/Director Detail :**Title T  
Name JOSEPH, NIKYE  
Address 9427 WEST MACNAB  
City-State-Zip: TAMARAC FL 33321Title PRESIDENT  
Name CAMILLE, BORIS  
Address 84 NE 150 STREET  
City-State-Zip: MIAMI FL 33161Title D  
Name AZOR, JUANO  
Address 810 NW 96 STREET  
City-State-Zip: MIAMI FL 33142Title T  
Name CHARLOT, DANIELLE  
Address 84 NE 150 STREET  
City-State-Zip: MIAMI FL 33161Title REV.  
Name MARC-CHARLES, JEAN-PIERRE F  
Address 8601 SW 123RD STREET  
City-State-Zip: MIAMI FL 33156Title D  
Name PRESUME, MARC  
Address 919 HILLCREST DRV  
City-State-Zip: HOLLYWOOD FL 33021

I hereby 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 all other like empowered.

**SIGNATURE: MARC-CHARLES , JEAN-PIERRE , F****PASTOR****03/26/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date