

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702758

Entity Name: ST. JOHN LUTHERAN CHURCH OF MIAMI SHORES, FLORIDA, INC.**FILED**
Mar 10, 2016
Secretary of State
CC7982404548**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: JEAN-PIERRE F. MARC-CHARLES**PASTOR****03/10/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date