

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47868

**FILED**  
**Jan 30, 2020**  
**Secretary of State**  
**5666069006CC**

**Entity Name:** THE MIAMI BEACH COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

1620 DREXEL AVE.  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1620 DREXEL AVE.  
MIAMI BEACH, FL 33139

**FEI Number: 59-1941684**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TRANTINA, THERESA  
1620 DREXEL AVE.  
MIAMI BEACH, FL 33139 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: THERESA TRANTINA**

**01/30/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name CHEVALIER, PETER  
Address 1835 MICHIGAN AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title TREASURER  
Name AVECILLAS, ALISON  
Address 910 MICHIGAN AVE #406  
City-State-Zip: MIAMI BEACH FL 33139

Title SECRETARY  
Name DURIEUX, ROCHELLE  
Address 1250 WEST AVENUE  
APT.3W  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name RHODES, JOHN  
Address 1051 MERIDIAN AVENUE  
APT. 1-F  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name FRAZER-JAMESON, ELLEN  
Address NINE ISLAND AVENUE  
#502  
City-State-Zip: MIAMI BEACH FL 33139

Title VC  
Name DONAHOE, ERIC H  
Address 1330 WEST AVE  
APT 2106  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name TRANTINA, AARON  
Address 151 MICHIGAN AVENUE  
UNIT 545  
City-State-Zip: MIAMI BEACH FL 33139

Title PASTOR  
Name LEE, CYNTHIA M  
Address 2165 SW 119TH AVE  
City-State-Zip: MIRAMAR FL 33125

**Continues on page 2**

*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: AARON TRANTINA**

**DIRECTOR**

**01/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            AUTHORIZED REPRESENTATIVE  
Name            HAMANN, NICK  
Address        2401 TIGERTAIL AVENUE  
City-State-Zip: MIAMI FL 33133