

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47868

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

02/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name DALKOWSKI, JOHN
Address 701 BRICKELL AVE
SUITE 1550
City-State-Zip: BAY HARBOR ISLAND FL 33131

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

Title DIRECTOR
Name GRIFFIN, ANGELA
Address 1605 BAY ROAD
APT. 207
City-State-Zip: MIAMI BEACH FL 33139

Title SECRETARY
Name SOSA, HERB
Address 831 9TH STREET
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 DIRECTOR
Name DONAHOE, ERIC H
Address 1330 WEST AVE
APT 2106
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name CHEVALIER, PETER
Address 1835 MICHIGAN AVENUE
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: CYNTHIA LEE

PASTOR

02/01/2019

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