

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 702021
 1. Entity Name
MIAMI SHORES CHRISTIAN CHURCH INC



Principal Place of Business — Mailing Address
10150 N.E. 2ND AVE. 10150 N.E. 2ND AVE.
MIAMI SHORES, FL 33138 MIAMI SHORES, FL 33138

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03232005 No Chg-NP CR2E037 (10/03)

4. FEI Number **59-6558321** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HURTAK, KENNETH
10850 N. BAYSHORE DR.
MIAMI, FL 33161

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000277436
03/26/05-80029-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDTR HURTAK, KENNETH 10850 N. BAYSHORE DR. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FARRO, MARY B 5105 E. 5TH AVE. HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN-BAPTISTE, PAUL 12585 NE MIAMI COURT NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTR DOWSON, DAVID 305 NE 91 STREET MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* *[Handwritten Signature]* **3/23/05 (305) 759-0241**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #