2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008
Secretary of State

DOCUMENT# 702582

Entity Name: FIFTH CHURCH OF CHRIST, SCIENTIST, MIAMI, FLORIDA, INC.

Current Principal Place of Business:

1600 N.W. 54 STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

1600 N.W. 54 STREET
MIAMI, FL 33142

New Mailing Address:

FEI Number: 56-2283341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WHITESIDE, NELLIE
3440 OAK AVENUE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: GRIFFIN, MARJORIE B
Address: 1780 NW 82 ST
City-St-Zip: MIAMI, FL 33147

Title: TD ( ) Delete
Name: WHITESIDE, NELLIE
Address: 3440 OAK AVE
City-St-Zip: MIAMI, FL 33133

Title: CD ( ) Delete
Name: EDWIN, LYONS
Address: 3720 NW 170 ST.
City-St-Zip: MIAMI, FL 33055

Title: PD ( ) Delete
Name: HAROLD, FERGUSON
Address: 1600 NW 54 ST.
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDWIN LYONS, CLERK CD 09/02/2008

Electronic Signature of Signing Officer or Director Date