

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 702758 (4)  
1. Corporation Name  
**ADVENT LUTHERAN CHURCH OF MIAMI SHORES, FLORIDA**



Principal Place of Business Mailing Address  
10390 NE 2ND AVE MIAMI SHORES FL 33138  
10390 NE 2ND AVE MIAMI SHORES FL 33138

3. Date Incorporated or Qualified 08/04/1961  
3a. Date of Last Report 03/17/1995  
4. FEI Number 59-6522047 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**SEABERG, FRED  
11339 NE 8TH CT.  
MIAMI FL 33161**

10. Name and Address of New Registered Agent  
81 Name CHARLES ROBERTSON  
82 Street Address (P.O. Box Number is Not Acceptable) 10390 NE 2nd Ave  
83  
84 City MIAMI SHORES FL 85 Zip Code 33138

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE CHARLES ROBERTSON, Pres. 4/28/96  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	AMMONS, ROBEY	
STREET ADDRESS	1250 NE 125TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SEABERG, FRED	
STREET ADDRESS	11339 NE 8TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SEABERG, PENNY	
STREET ADDRESS	11339 NE 8TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEEKS, JOSEPHINE	
STREET ADDRESS	412 N.W. 100TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEABERG, NICOLE	
STREET ADDRESS	11339 NE 8TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Charles Robertson	
13 STREET ADDRESS	10390 NE 2nd Ave.	
14 CITY-ST-ZIP	Miami Shores, Fl. 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Allan Rodgers	
23 STREET ADDRESS	140 NW 104 St.	
24 CITY-ST-ZIP	Miami Shores, Fl. 33150	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Doris Straub	
33 STREET ADDRESS	690 NE 93 ST	
34 CITY-ST-ZIP	Miami Shores, Fl. 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Armand Adel	
43 STREET ADDRESS	8801 N. Miami Ave.	
44 CITY-ST-ZIP	El Portal, Fl. 33150	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robey K. Ammons, Treas. 4/24/96 899-0757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)