


9-18-97 b-8406 C
 SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 18 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702758 (4)
 1. Corporation Name
ADVENT LUTHERAN CHURCH OF MIAMI SHORES, FLORIDA



Principal Place of Business 10390 NE 2ND AVE MIAMI SHORES FL 33138	Mailing Address 10390 NE 2ND AVE MIAMI SHORES FL 33138
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/04/1961	3a. Date of Last Report 05/01/1996
4. FEI Number 59-6522047	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent ROBERTSON, CHARLES 10390 NE 2ND AVENUE MIAMI SHORES FL 33138	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMMONS, ROBEY <input checked="" type="checkbox"/> DELETE 1250 NE 125TH ST. MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODGERS, ALLAN <input checked="" type="checkbox"/> DELETE 140 NW 104 STREET MIAMI SHORES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEABERG, PENNY <input type="checkbox"/> DELETE 11339 NE 8TH CT MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUB, DORIS <input type="checkbox"/> DELETE 690 NE 83 STREET MIAMI SHORES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADEL, ARMAND <input checked="" type="checkbox"/> DELETE 8801 NORTH MIAMI AVENUE EL PORTAL FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ARMAND ADEL 8801 N. Miami Avenue EL PORTAL FL 33150 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP FREDERICK SEABERG 11339 N E 8th Court <input type="checkbox"/> Change <input type="checkbox"/> Addition BISCAYNE PARK, FL 33161
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NORMA SMITH 251 N E 168 Terrace NO. MIAMI BEACH, FL 33162 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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: *(Signature)* Sept 1 1997 7:00 PM 5/130

CR2E037 (4/97)