


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 28, 1999 8:00am
Secretary of State

0030414

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-28-1999 90001 031 *****61.25

DOCUMENT # 702758

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/04/1961
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-6522047
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	29	30
		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADEL, ARMAND	1.2 NAME	
STREET ADDRESS	8801 N MIAMI AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	EL PORTAL FL	1.4 CITY-ST-ZIP	
VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEABERG, FREDERICK	2.2 NAME	
STREET ADDRESS	11339 NE 8TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	BISCAYNE PARK FL	2.4 CITY-ST-ZIP	
SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEABERG, PENNY	3.2 NAME	
STREET ADDRESS	11339 NE 8TH CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAUB, DORIS	4.2 NAME	
STREET ADDRESS	690 NE 93 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	4.4 CITY-ST-ZIP	
D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, NORMA	5.2 NAME	
STREET ADDRESS	251 NE 168TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *REV. CHARLES ROBERTSON* Date: _____ Daytime Phone #: (305) 757-2584

2000214

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