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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 702758

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

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

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

| TITLE NAME ADEL, ARMAND STREET ADDRESS CITY-ST-ZIP EL PORTAL FL TITLE VP NAME SEABERG, FREDERICK STREET ADDRESS CITY-ST-ZIP BISCAYNE PARK FL TITLE SD NAME SEABERG, PENNY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL D DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETE 2.1 TITLE 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TITLE SD SEABERG, PENNY 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL D STRAUB, DORIS 690 NE 93 STREET 4.3 STREET ADDRESS STRE | | | | | | | | | |
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| City & State City & State | 2 | | 27 | | | 59-6522047 | | | |
| Zip | City & Stat | e | ├ , * | - | | 5. Certificate of Status Des | ired 🔲 | | |
| 25 29 30 Trust Fund Contribution Added to Fees | | | | Countr | · · | 6. Election Campaign Fina | incina | \$5.00 | Aav Be |
| 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 81 Name ROBERTSON, CHARLES 10390 NE 2ND AVENUE MIAMI SHORES FL 33138 82 Street Address (P.O. Box Number is Not Acceptable) 83 Registered Agent or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, 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, and sible if application. SIGNATURE Signature, typed or printed name of registered agent and sible if application. OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. NAME ADEL, ARMAND STREET ADDRESS 8801 N MIAMI AVENUE 11. STREET ADDRESS 8801 N MIAMI AVENUE 12. TITLE 12. VP 14. CITY - ST. 2P 12. TITLE 14. CITY - ST. 2P 14. CITY - ST. 2P 14. CITY - ST. 2P 15. TITLE 16. Change 17. TITLE 17. TITLE 18. CATY - ST. 2P 18. CATY - ST. 2P 19. Change 19. TITLE 10. Change 11. TITLE 10. Change 11. TITLE 10. Change 11. TITLE 11. TITLE 12. ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICE | - · | | | | , . | , — · · · · · · · · · · · · · · · · · · | | • | • |
| ROBERTSON, CHARLES 10330 NE 2ND AVENUE MIAMI SHORES FL 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 register 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 Signature, typed or profed name of registered agent and till if application. (NOTE: Registered Agent alignature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. TITLE 14. TITLE ADEL, ARMAND STREET ADDRESS 8801 N MIAMI AVENUE L PORTAL FL UP DELETE 1.1 TITLE VP DELETE 1.1 TITLE VP DELETE 1.2 TITLE SEABERG, FREDERICK 1.3 STREET ADDRESS 1.3 SEABERG, PENNY STREET ADDRESS 1.3 SEABERG, PENNY 3. STREET ADDRESS TITLE SD DELETE 1.1 TITLE SD CHANGE SEABERG, PENNY STREET ADDRESS 1.3 SEABERG, PENNY 3.3 STREET ADDRESS 1.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. TITLE Change TITLE SD DELETE 1.1 TITLE SD CHANGE SEABERG, PENNY STREET ADDRESS 1.3 SEABERG, PENNY 3.3 STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS 5.4 ACTIV-ST-ZP CHANGE 4.2 NAME 4.2 NAME 4.2 NAME 5.4 ANAME 4.2 NAME 5.5 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. TITLE Change CHANGE 1.4 ACTIV-ST-ZP CHANGE 1.5 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. TITLE CHANGE CHANGES TO OFFICERS AND DIRECTORS IN 13. TITLE CHANGE 1.4 ACTIV-ST-ZP CHANGE 1.5 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. TITLE CHANGE CHANGES TO OFFICERS AND DIRECTORS IN 13. TITLE CHANGE CHANGES TO OFFICERS AND DIRECTORS IN 13. TITLE CHANGE CHANGES TO OFFICERS AND DIRECTORS IN 13. TITLE CHANGE CHANGES TO OFFICERS AND DIRECTORS IN 13. TITLE CHANGE CHANGES TO OFFICERS AND DIRECTORS IN 13. TITLE CHANGE CHANGES TO OFFICERS AN | 4 | | | 30 | | | | Agent | |
| 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 register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its register 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 statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 ITILE ADEL, ARMAND 12. NAME ADEL, ARMAND 12. NAME SEABERG, FREDERICK 13. STREET ADDRESS 8801 N MIAMI AVENUE 14. ADIT. ST. ZP TITLE VP NAME SEABERG, FREDERICK 22. NAME SEABERG, FREDERICK 23. STREET ADDRESS 11339 NE 8TH COURT CV-ST. ZP SEABERG, PENNY STREET ADDRESS 11339 NE 8TH CT 33. STREET ADDRESS 11339 NE 8TH CT 34. CITY-ST. ZP CY-ST. ZP MIAMI FL D Change STRAUB, DORIS STREET ADDRESS STREET A | | 9. Name and Address of Curry | SILL Kedisteled Adelic | 8 | 1 Name | | | | |
| 10390 NE 2ND AVENUE MIAMI SHORES FL 33138 84 City FL 85 Zip Code 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 register 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Tam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Tam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Tam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Tam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Tam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Tam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Tam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Tam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Tam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Tam familiar with, and accept the obligations of compositions of compositions of change Tam familiar with, and accept the obligations of change Tam familiar with, and accept the obligations of change Tam familiar with, and accept the obligations of change Tam familiar with, and accept the obligations of change Tam familiar with, and accept the obligations of changes Tam familiar with, and accept the obligations of changing its register accept the object of changes Tam familiar with, and accept the object the o | | | | <u> </u> | | ID O D All the leads Not | A acentable) | | |
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| MIAMI SHORES FL 33138 84 City FL 85 Zip Code | 10390 NE | 2ND AVENUE | | 8: | 3 | | | | |
| ### Pinney of the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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, and accept the obligations of, Section 617.0503, Florida Statutes. #### SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent algorithment required when reinstations) DAYE | MIAMI SHORES FL 33138 | | | | <u> </u> | | | 1001121001 | |
| 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 register 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algreture required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. TITLE TO DELETE 11.1TITLE 12.NAME STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 14.1 STREET ADDRESS 11.3 STREET | | | | 8 | 4 City | | FI | 85 Zip C | ode |
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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.

5.1 TITLE

5 2 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SMITH, NORMA

251 NE 168TH TERRACE

NORTH MIAMI BEACH FL

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

Change

☐ Change

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Addition