

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702758

1. Entity Name

ADVENT LUTHERAN CHURCH OF MIAMI SHORES, FLORIDA

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90324 047 ****61.25

Principal Place of Business

Mailing Address

10390 NE 2ND AVE
 MIAMI SHORES FL 33138

10390 NE 2ND AVE
 MIAMI SHORES FLA 33138-2055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6522047

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTSON, CHARLES
 10390 NE 2ND AVENUE
 MIAMI SHORES FL 33138

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITILE Delete
 NAME **T ADEL, ARMAND**
 STREET ADDRESS **8801 N MIAMI AVENUE**
 CITY-ST-ZIP **EL PORTAL FL**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITILE Delete
 NAME **VP SEABERG, FREDERICK**
 STREET ADDRESS **11339 NE 8TH COURT**
 CITY-ST-ZIP **BISCAYNE PARK FL**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITILE Delete
 NAME **SD SEABERG, PENNY**
 STREET ADDRESS **11339 NE 8TH CT**
 CITY-ST-ZIP **MIAMI FL**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITILE Delete
 NAME **D STRAUB, DORIS**
 STREET ADDRESS **690 NE 93 STREET**
 CITY-ST-ZIP **MIAMI SHORES FL**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITILE Delete
 NAME **D SMITH, NORMA**
 STREET ADDRESS **251 NE 168TH TERRACE**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITILE Change Addition
 NAME **D RODGERS, ALAN**
 STREET ADDRESS **140 N W 104 Street**
 CITY-ST-ZIP **Miami Shores, Fl 33168**

TITILE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev. Charles Robertson*
 P. REV. CHARLES ROBERTSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00 (305) 757-2584
 Date Daytime Phone #

CR2E037 (9/99)