

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702758

FILED  
Apr 14, 2005  
Secretary of State

**Entity Name:** ADVENT LUTHERAN CHURCH OF MIAMI SHORES, FLORIDA

**Current Principal Place of Business:**

10390 NE 2ND AVE  
MIAMI SHORES, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

10390 NE 2ND AVE  
MIAMI SHORES, FL 33138

**New Mailing Address:**

**FEI Number:** 59-6522047

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARC-CHARLES, JEAN-PIERRE F REV.  
10390 NE 2ND AVENUE  
MIAMI SHORES, FL 33138 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: JOSEPH, NIKYE  
Address: 13929 NE 3RD COURT  
City-St-Zip: MIAMI, FL 33161

Title: P ( ) Delete  
Name: SEABERG, FREDERICK  
Address: 11339 NE 8TH COURT  
City-St-Zip: BISCAYNE PARK, FL 33161

Title: D ( ) Delete  
Name: CAMEAU, JOSETTE  
Address: 240 W 15TH ROAD, NO. 107  
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete  
Name: LOPS, MAGALLI  
Address: 400 NW 131 STREET  
City-St-Zip: NORTH MIAMI, FL 33168

Title: VP ( ) Delete  
Name: ERIE, ARIANE  
Address: 8601 NE 2 AVENUE  
City-St-Zip: MIAMI, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: OLIVIER, ARIANE E  
Address: 8601 NE 2ND AVENUE  
City-St-Zip: MIAMI, FL 33138

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: BRUTUS, ELIZABETH  
Address: 13655 NE 10TH AVENUE  
City-St-Zip: NORTH MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARIANE E. OLIVIER

P

04/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date