


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90311 027 ****61.25

DOCUMENT # 704584 1. Entity Name MIAMI FIRST CHURCH OF THE BRETHREN, INC.					
Principal Place of Business % BISCAYNE GARDENS CIVIL ASSN 15000 N. MIAMI AVE MIAMI, FL 33168			Mailing Address % WAYNE SUTTON 680 N.E. 165TH ST NORTH MIAMI BEACH, FL 33162 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2810493	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SUTTON, WAYNE 680 NE 165TH ST N. MIAMI BEACH, FL 33162				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SUTTON, KAREN 680 N.E. 165 STREET MIAMI, FL 33162	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CADETTE, JESSICA 2179 SW 80 TERRACE MIRAMAR, FL 33025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CADETTE, JONATHAN D 3272 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, CAROL 100 NE 16 CT FT LAUDERDALE, FL 33305	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kevin Forde, Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORGAN, MARCIA L 195 NW 139 STREET MIAMI, FL 33168	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7001 Edgemoor Blvd. #107 Lauderhill, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDEN-JONES, DIANE 15958 SW 66 TERRACE MIAMI, FL 33193	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Karen Sutton</u> Karen Sutton 4/9/06 (305)947-7992 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

