

DOCUMENT # 706463

1. Entity Name

MESSIAH EVANGELICAL LUTHERAN CHURCH OF DADE COUN

FILED Jun 23, 2000 8:00 am Secretary of State

06-23-2000 90108 011 \*\*\*\*61.25

Principal Place of Business Mailing Address DADE COUNTY, FLORIDA, INCORPORATED 9850 CORAL WAY MIAMI FL 33165



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.

City & State City & State 4. FEI Number 59-1374812 Applied For Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TAYLOR, CHRISTINE 11654 SW 53 PL COOPER FL 33330

7. Name and Address of New Registered Agent 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] (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

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Rows include TAYLOR, RICHARD; URBAY, FRANCICA; SANDOVAL, DINORAH; FLORENCE, FLOYD; TAYLOR, CHRISTINE; BRODBECK, FRANCES.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Row includes Director Maria Elena Berioh, 10252 SW 27 St, Miami FL 33165.

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 5. 954-434-2537 Daytime Phone #

CR2E037 (1/99)