

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 708309 1. Entity Name CHURCH OF SAINT BERNARD DE CLAIRVAUX, INC.					
Principal Place of Business 16711 W DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33160			Mailing Address 16711 W DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33160		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03302005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-6165566				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOX, RONALD N REV DR. 16711 W DIXIE HWY MIAMI, FL 33160			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	D RIOS, ALEX 14155 NE 14TH AVE MIAMI, FL 33181 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="border: 1px solid black; padding: 2px; text-align: center;"> 1100000287708 04/04/05-80081-005 61.25 </div>	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	RCD FOX, RONALD 3464 OAK AVE MIAMI, FL <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 GREEN, DWAYNE 240 SW 97TH AVE PEMBROKE PINES, 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 GREENLEAF, JANIE 3440 NE 192ND ST APT #2M AVENTURA, FL 33180 <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 YOUNG, EDDIE 16711 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33160 <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 WINSTON STRACHAN 20901 N.E. 2nd Ave. Miami, FL 33179 <input 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 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:			3-30-05-305-945-1461		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					