

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90018 049 ****70.00

DOCUMENT # 710259

1. Entity Name
MIAMI GARDENS CHURCH OF CHRIST, DADE CO., INC.



Principal Place of Business
2255 NW 183RD STREET
MIAMI, FL 33056

Mailing Address
2255 NW 183RD STREET
MIAMI, FL 33056

40110351



06022008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6166954

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER, LINDSEY D
1991 N.W. 180TH STREET
MIAMI, FL 33056

**DO NOT WRITE
IN THIS SPACE**

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 Lindsey D Baker Lindsey D Baker

07/08/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------|
| TITLE | S |
| NAME | BAKER, LINDSEY |
| STREET ADDRESS | 1991 NW 180TH STREET |
| CITY-ST-ZIP | MIAMI, FL 33056 |
| TITLE | D |
| NAME | BERRIAN, CHRISTOPHER |
| STREET ADDRESS | 1722 NW 80 STREET |
| CITY-ST-ZIP | MIAMI, FL 33147 |
| TITLE | D |
| NAME | HOGAN, STEVE |
| STREET ADDRESS | 8610 ARDOCH ROAD |
| CITY-ST-ZIP | MIAMI LAKES, FL 33015 |
| TITLE | TD |
| NAME | THOMPkins, RONALD |
| STREET ADDRESS | 3841 SW 144 TERRACE |
| CITY-ST-ZIP | MIRAMAR, FL 33027 |
| TITLE | PD |
| NAME | SMITH, JACK |
| STREET ADDRESS | 12950 SW 13 STREET, # D-108 |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33027 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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: Lindsey D Baker Lindsey D Baker 07/08/08 3056250688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #