
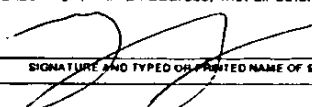


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90009 002 \*\*\*\*61.25

<b>DOCUMENT # 710859</b> 1. Entity Name <b>MIRAMAR EVANGELICAL FREE CHURCH, INC.</b>					
Principal Place of Business <b>6390 S.W. 32ND STREET MIRAMAR FL 33023</b>			Mailing Address <b>6390 S.W. 32ND STREET MIRAMAR FL 33023</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number <b>59-2169792</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CATER, JAMES T 711 SW 10 ST HOLLYWOOD FL 33023</b>			7. Name and Address of New Registered Agent Name <b>CATER James T</b> Street Address (P.O. Box Number is Not Acceptable) <b>7131 SW 10 ST</b> City <b>Hollywood</b> <b>FL</b> Zip Code <b>33023</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete <b>MCGUIRE, NATHAN 2331 HAVANA DR HOLLYWOOD FL 33023</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>SEEGER, DELFI 2974 MYRTLE CIR DAVIE FL 33328</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input type="checkbox"/> Delete <b>RODRIGUEZ, GRACE 3824 S LAKE TERR MIRAMAR FL 33023</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input type="checkbox"/> Delete <b>SEEGER, BENJAMIN 2974 MYRTLE CIR DAVIE FL 33328</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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 exemptions contained in Section 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.					
<b>SIGNATURE:</b>  <b>Benjamin Seeger</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/16/07</b> <small>Date</small>		<b>954 423 8202</b> <small>Daytime Phone #</small>