

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

DOCUMENT # 710859

1. Entity Name

MIRAMAR EVANGELICAL FREE CHURCH, INC.



Principal Place of Business

6390 S.W. 32ND STREET
MIRAMAR, FL 33023

Mailing Address

6390 S.W. 32ND STREET
MIRAMAR, FL 33023

FILED
Aug 18, 2008 08:00 AM
Secretary of State



07302008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2169792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

CATER, JAMES T
7131 SW 10TH STREET
HOLLYWOOD, FL 33023

**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

James T. Cater

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/30/08

Filing Fee is \$81.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000957908
08/18/08-80007-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SEEGER, DELFI
STREET ADDRESS	2974 MYRTLE CIR
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	SD
NAME	RODRIGUEZ, GRACE
STREET ADDRESS	3824 S LAKE TERR
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	TD
NAME	SEEGER, BENJAMIN
STREET ADDRESS	2974 MYRTLE CIR
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	P
NAME	CATER, JAMES T
STREET ADDRESS	6390 S.W. 32ND STREET
CITY-ST-ZIP	MIRAMAR, FL 33023

**DO NOT WRITE
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:

James T. Cater

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/08

Date

954 981-7948

Daytime Phone #