

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 7:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712539 (6)

1. Corporation Name

THE MIRAMAR ADVENT CHRISTIAN CHURCH, INC. OF MIRAMAR

Principal Place of Business

Mailing Address

**NC. OF MIRAMAR
6337 S W 27 STREET
MIRAMAR FL 33023**

**NC. OF MIRAMAR
6337 S W 27 STREET
MIRAMAR FL 33023**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1967

3a. Date of Last Report

04/22/1994

4. FEI Number

59-1360415

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, THOMAS D
1481 SW 86TH AVE.
PEMBROKE PINES FL 33025**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, if both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Rev. Thomas D. Moore

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD
NAME	CARDEN, JOAN H
STREET ADDRESS	1225 NW 188TH ST
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	SD
NAME	COUSINS, LUCILLE C.
STREET ADDRESS	4541 SW 38TH ST
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	ED
NAME	CARDEN, JAMES T
STREET ADDRESS	1225 NW 188TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	MOORE, THOMAS D.
STREET ADDRESS	1481 SW 86TH AVE.
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an addendum with an address.

SIGNATURE:

Rev. Thomas D. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/95 (805) 981-2959
Date Daytime Phone #