

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717429

FILED
Feb 26, 2007
Secretary of State

Entity Name: NORTH MIAMI CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

405 NE 135TH ST
N. MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

405 NE 135TH ST
N. MIAMI, FL 33161

New Mailing Address:

FEI Number: 59-1489674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

N. MIAMI CHRISTIAN CHURCH
14605 N. E. 2ND AVE.
14605 N.E. 2ND. AVENUE
N. MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VOZZA, PASQUALE,
Address: 14605 NW 2ND AVE.
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: CONSUEGRA, MARY ELLEN
Address: 160 N.W. 120 ST.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: HARRICHARRAN, MADHO
Address: 1235 NE 154 ST
City-St-Zip: NMB, FL 33162

Title: T () Delete
Name: KAMINSKI, PHILLIS
Address: 182 NW 96 ST
City-St-Zip: MIAMI, FL 33150

Title: T () Delete
Name: RODRIGUEZ, CARMEN
Address: 1260 NE 135 ST
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASQUALE VOZZA

PRES

02/26/2007

Electronic Signature of Signing Officer or Director

Date