


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 734325

1. Entity Name
IMMANUEL PRESBYTERIAN CHURCH OF MIAMI, INC.



Principal Place of Business 6605 NORTH KENDALL DRIVE MIAMI, FL 33156 US	Mailing Address 6605 NORTH KENDALL DRIVE MIAMI, FL 33156 US
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DO NOT WRITE IN THIS SPACE



03232005 No Chg-NP CR2E037 (10/03)

4. FEI Number 51-0192268	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLMS, WILLIAM D JR
9121 SW 62ND COURT
MIAMI, FL 33131

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLING, DAVID W 18045 SW 88 CT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, PETE 9412 SW 184 TR MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPRINGER, JEFF 6650 SW 133 ST MIAMI, FL 33156
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/18/05-80109-008 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 4/13/05 DAYTIME PHONE #: 305-284-8494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR