

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90028 007 \*\*\*\*61.25

**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



04112008 No Chg-NP CR2E037 (4/08)

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

**6. Name and Address of Current Registered Agent**

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

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
SD  
KLING, DAVID W  
STREET ADDRESS  
18045 SW 88 CT  
CITY-ST-ZIP  
MIAMI, FL 33157

TITLE  
NAME  
TD  
SPRINGER, JEFF  
STREET ADDRESS  
6650 SW 133 ST  
CITY-ST-ZIP  
MIAMI, FL 33156

TITLE  
NAME  
PD  
CRUMBLISS, ROBERT K  
STREET ADDRESS  
7545 SW 140TH ST  
CITY-ST-ZIP  
MIAMI, FL 33158

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Robert K. Crumbliss Pres.* 4/13/08 305-661-9900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #