

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734325

FILED
Jun 17, 2009
Secretary of State

Entity Name: IMMANUEL PRESBYTERIAN CHURCH OF MIAMI, INC.

Current Principal Place of Business:

6605 NORTH KENDALL DRIVE
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

6605 NORTH KENDALL DRIVE
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: 51-0192268 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SOLMS, WILLIAM D JR
9121 SW 62ND COURT
MIAMI, FL 33131 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: SD () Delete
Name: KLING, DAVID W
Address: 18045 SW 88 CT
City-St-Zip: MIAMI, FL 33157 US

Title: TD () Delete
Name: SPRINGER, JEFF
Address: 6650 SW 133 ST
City-St-Zip: MIAMI, FL 33156

Title: PD () Delete
Name: CRUMBLISS, ROBERT K
Address: 7545 SW 140TH ST
City-St-Zip: MIAMI, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: REYNARDUS, JORGE
Address: 11225 SW 99 COURT
City-St-Zip: MIAMI, FL 33176 US

Title: PD (X) Change () Addition
Name: CRUMBLISS, ROBERT K
Address: 7545 SW 140TH ST
City-St-Zip: MIAMI, FL 33158

Title: TD (X) Change () Addition
Name: THOMPSON, PETER
Address: 12851 SW 72 AVE
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify 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: JAY REYNARDUS

SD

06/17/2009

Electronic Signature of Signing Officer or Director

Date