

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

01-13-2003 90350 002 ****61.25

DOCUMENT # 740666

1. Entity Name

CHRIST THE KING LUTHERAN CHURCH FOUNDATION, INC.



Principal Place of Business

**11295 S.W. 57TH AVENUE
MIAMI FL 33156**

Mailing Address

**11295 S.W. 57TH AVENUE
MIAMI FL 33156**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1791463**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

**FULLER, VICTOR L
C/O CHRIST THE KING CHURCH
11295 SW 57 AVE
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMSON, CAROL	
STREET ADDRESS	5501 SW 101ST STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	TR	<input type="checkbox"/> Delete
NAME	FULLER, VICTOR	
STREET ADDRESS	6895 SW 112TH ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TORCISE, STEVE	
STREET ADDRESS	6800 SW 101 STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, JOE	
STREET ADDRESS	10320 SW 99 AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	MARIE FISHER	
STREET ADDRESS	8480 SW 168 TERRACE	
CITY-ST-ZIP	MIAMI, Florida 33157	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	LINDA MURZILLO	
STREET ADDRESS	7865 S.W. 161 Street	
CITY-ST-ZIP	MIAMI, Florida 33157	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 information empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

1/10/03
305-665-5063