

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90055 033 ****70.00

DOCUMENT # 744421

1. Entity Name

**CENTRAL PRESBYTERIAN CHURCH OF MIAMI,
FLORIDA, INC.**



Principal Place of Business

**12455 SW 104TH STREET
MIAMI FL 33186**

Mailing Address

**12455 SW 104TH STREET
MIAMI FL 33186**

JUU16018

2. Principal Place of Business

3. Mailing Address

* Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1274817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCCONNEY, NADINE
533 CORAL WAY APT 2
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **McConney, Nadine**

Street Address (P.O. Box Number is Not Acceptable)
11700 S.W. 122 Place

City **Miami**

FL Zip Code **33186**

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
Due By May 1, 2005**

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 **SD** ☐ Delete
NAME **BARKSDALE, LINDA**
STREET ADDRESS **12022 SW 105 LANE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **TD** ☐ Delete
NAME **TRUJILLO, JOSE**
STREET ADDRESS **9612 SW 118 COURT**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **D** ☐ Delete
NAME **RILEY, NINFA**
STREET ADDRESS **5071 NW DORAL CR EAST**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **D** ☐ Delete
NAME **PENNINGTON, JOHN**
STREET ADDRESS **13236 SW 110 TERRACE # 1**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-05 305-273-7778