

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90198 027 ****61.25

DOCUMENT # 745270

1. Entity Name
**FIRST CHURCH OF CHRIST, SCIENTIST, OF MIAMI,
FLORIDA**



Principal Place of Business
**1836 BISCAYNE BLVD
MIAMI, FL 33132 US**

Mailing Address
**1836 BISCAYNE BLVD
MIAMI, FL 33132 US**

60001948



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-0720259

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUTTRELL, LARRY L
1836 BISCAYNE BLVD
MIAMI, FL 33137**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COBT
HANSON, A.WILLIAM
461 N. E. 119TH ST.
MIAMI, FL 33161** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COBT
Beverly Luttrell
161 N. E. 50th Street
Miami, FL 33137-2714** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCBT
DORESTANT, MARIE
161 N.E. 50TH ST.
MIAMI, FL 33127** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCBT
Yda Percal
5825 Collins Ave.
Miami Beach, FL 33140** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SBT
LUTTRELL, LARRY L
161 NE 50TH STREET
MIAMI, FL 331372714** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
DORESTANT, MARIE M
299 N.W. 43RD ST.
MIAMI, FL 33127** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Judith Thompson
20251 N. E. 2nd Ave. #14
Miami, FL 33179** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
AZEMAR, DANIEL
9455 N.W. 36TH AVE
MIAMI, FL 33147** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry L. Luttrell

Date

Daytime Phone #

305-373-1645