

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

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90082 026 ****61.25

DOCUMENT # 760204

1. Entity Name

GRACE CHURCH OF THE FIRST BORN OF MIAMI, INC.



Principal Place of Business

14900 N.E. 16 AVE.
P.O. BOX 640353
N. MIAMI BEACH FL 33181
US

Mailing Address

P.O. BOX 640353
N. MIAMI FL 33164
US

2. Principal Place of Business

14900 NE 16 Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

North Miami FLA.

City & State

Zip

Country

33181

Country

USA

Country

4. FEI Number

59-2147290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERKELL & BERKELL-RAFFERTY, P.A.
16100 N.E. 16TH AVENUE
NORTH MIAMI BEACH FL 33162

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
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	PC	<input type="checkbox"/> Delete
NAME	HOFFENDEN, GARY A	
STREET ADDRESS	911 NW 200 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCKENZIE, LUTHER	
STREET ADDRESS	4000 NW 19 S ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FENDERSON, CHARLES	
STREET ADDRESS	3934 NW 19TH COURT	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SPAULDING, RUPERT H.	
STREET ADDRESS	180 N.E. 164TH STREET	
CITY-ST-ZIP	MAIMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEMMINGS, GLORIA	
STREET ADDRESS	20035 NW 12 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALMER, ROLYN P	
STREET ADDRESS	4321 NW 12 ST.	
CITY-ST-ZIP	LAUDERHILL FL	

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	<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	<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	

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:

Rupert Spaulding / RUPERT SPAULDING

Date

Daytime Phone #

TREASURER DIRECTOR

305-807-3216

Feb 28, 2005