

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10346

(0)

1. Corporation Name

CHRIST LUTHERAN CHURCH OF NORTH MIAMI



Principal Place of Business

12800 N.E. 6 AVENUE
N. MIAMI FL 33161

Mailing Address

12800 N.E. 6 AVENUE
N. MIAMI FL 33161

3. Date Incorporated or Qualified
06/30/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, STEVEN
9999 NE 2 AVE
SUITE 216
MIAMI SHORES FL 33138

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SMITH, DONALD C
13040 ORTEGA LN
N MIAMI FL 33181

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WARNOCK, C. WILLIAM
15665 NE 10 AVE
MIAMI FL 33162

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
TD
JOHNSON, MARY R
971 NW 203 ST
MIAMI FL 33169

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SMITH, NANCY
13040 ORTEGA LN
N MIAMI FL 33181

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD C. SMITH

3-20-96

Date

305-893-1100

Daytime Phone #

CR2E037 (12/95)