


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10346** (0)

1. Corporation Name

**CHRIST LUTHERAN CHURCH OF NORTH MIAMI**

Principal Place of Business

Mailing Address

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

**12800 N.E. 6 AVENUE  
N. MIAMI FL 33161-4715**



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

3. Date Incorporated or Qualified  
**06/30/1992**

3a. Date of Last Report  
**04/10/1996**

4. FEI Number  
**59-0774174**

Applied For  
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

81 Name

**Gayle Doyle**

82

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

**699 NE 164 St**

83

84

City

**Miami**

**FL**

85

Zip Code

**33162**

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

*Gayle Doyle*

(NOTE: Registered Agent signature required when reinstating)

**5-26-97**

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

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

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **VD**  
2.2 NAME **Alberta Steinmiller**  
2.3 STREET ADDRESS **15100 Windbluff St.**  
2.4 CITY-ST-ZIP **Davie, FL 33331**

3.1 TITLE **TD**  
3.2 NAME **Thelma Stark**  
3.3 STREET ADDRESS **485 NE 142 St**  
3.4 CITY-ST-ZIP **Miami, FL 33161**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (9/96)