


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10346**
1. Corporation Name
Christ Lutheran Church of North Miami

Principal Place of Business Mailing Address

**12800 NE 6 Ave
N. Miami, FL 33161**

3. Date Incorporated or Qualified

C-10-49

4. FEI Number

59-0774174

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Gayle Doyle
699 NE 164 St
Miami, FL 33162**

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 **President** ☒ DELETE
NAME **Donald Smith**
STREET ADDRESS **13040 Ortega Lane**
CITY-ST-ZIP **Miami, FL 33180**

TITLE **Vice President** ☒ DELETE
NAME **Alberta Steinmiller**
STREET ADDRESS **15100 Windbluff St**
CITY-ST-ZIP **Davie, FL 33331-2912**

TITLE **Secretary** ☒ DELETE
NAME **Nancy Smith**
STREET ADDRESS **13040 Ortega La**
CITY-ST-ZIP **Miami, FL 33180**

TITLE **Treasurer** ☒ DELETE
NAME **THELMA STARK**
STREET ADDRESS **485 NE 142 St**
CITY-ST-ZIP **Miami, FL 33161**

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

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Thelma Stark**
1.3 STREET ADDRESS **485 NE 142 St**
1.4 CITY-ST-ZIP **Miami, FL 33161**

2.1 TITLE **Vice President** ☒ Change ☐ Addition
2.2 NAME **Donald Smith**
2.3 STREET ADDRESS **13040 Ortega La**
2.4 CITY-ST-ZIP **Miami, FL 33180**

3.1 TITLE **Secretary** ☒ Change ☐ Addition
3.2 NAME **Patricia Fuhs**
3.3 STREET ADDRESS **8291 Balgown Rd.**
3.4 CITY-ST-ZIP **Miami Lakes, FL 33016**

4.1 TITLE **Treasurer** ☒ Change ☐ Addition
4.2 NAME **Alberta Steinmiller**
4.3 STREET ADDRESS **15100 Windbluff St**
4.4 CITY-ST-ZIP **Davie, FL 33331-2912**

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

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

14. 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 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:

Denoree Smith, V.P.

6/15/98 305.893-1100

CR2E037 (10/97)