

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10346

1. Entity 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 33161-4796

2. Principal Place of Business

11173 GRIFFING BLVD

Suite, Apt. #, etc.

3. Mailing Address

PO Box 640034

Suite, Apt. #, etc.

City & State

BISCAYNE PARK, FL

City & State

MIAMI, FL

Zip

33161

Country

DADE

Zip

33164

Country

DADE

4. FEI Number

59-0774174

Applied For

Not Applicable

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

DOYLE, GAYLE
699 NE 164 ST.
MIAMI FL 33162

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V ☐ Delete
NAME SMITH, DONALD C
STREET ADDRESS 13040 ORTEGA LN
CITY-ST-ZIP N MIAMI FL 33180

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

TITLE T ☒ Delete
NAME STEINMILLER, ALBERTA
STREET ADDRESS 15100 WINDBLUFF ST.
CITY-ST-ZIP DAVIE FL 33331-2912

TITLE ☒ Change ☐ Addition
NAME TREASURER
STREET ADDRESS TERRY JOHNSON
CITY-ST-ZIP

TITLE P ☐ Delete
NAME STARK, THELMA
STREET ADDRESS 485 NE 142 ST.
CITY-ST-ZIP MIAMI FL 33161

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

TITLE S ☐ Delete
NAME FUCHS, PATRICIA
STREET ADDRESS 8291 BALGOWIN RD.
CITY-ST-ZIP MIAMI LAKES FL 33016

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90015 002 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)