

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91204 043 ****61.25

DOCUMENT # C 10346

1. Entity Name

CHRIST LUTHERAN CHURCH OF NORTH
MIAMI

DO NOT WRITE IN THIS SPACE

80124358

2. Principal Place of Business

11173 GRIFFING BLVD

Suite, Apt. #, etc.

3. Mailing Address

11173 GRIFFING BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BISCAYNE PARK, FL

City & State

BISCAYNE PARK, FL

4. FEI Number

59-0774174

Applied For

Not Applicable

Zip

33161

Country

DADE

Zip

33161

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DOYLE, GAYLE

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

699 NE 164 ST

City

MIAMI

FL

Zip Code

33162

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P-D SMITH, DONALD 13040 ORTEGA LN N MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T-D BROWN, MARJORIE 860 BURLINGTON ST OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V-D STARK, THELMA 485 NE 142 ST MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S-D SMITH, NANCY 13040 ORTEGA LN N MIAMI, FL 33181
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-01 305-949-8283

Date

Daytime Phone #

CR2E037B (12/01)