


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90020 020 ****61.25

DOCUMENT # C10346					
1. Entity Name CHRIST LUTHERAN CHURCH OF NORTH MIAMI					
Principal Place of Business 11173 GRIFFING BLVD BISCAYNE PARK FL, FL 33161			Mailing Address 11173 GRIFFING BLVD BISCAYNE PARK FL, FL 33161		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0774174	
				5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, DONALD C 13040 ORTEGA LANE MIAMI, FL 33181			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, DONALD C		NAME		
STREET ADDRESS	13040 ORTEGA LN		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33181		CITY - ST - ZIP		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, MARJORIE		NAME		
STREET ADDRESS	860 BURLINGTON ST		STREET ADDRESS		
CITY - ST - ZIP	OPA LOCKA, FL 33054		CITY - ST - ZIP		
TITLE	S		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, NANCY		NAME		
STREET ADDRESS	13040 ORTEGA LN		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33181		CITY - ST - ZIP		
TITLE	VP		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIGANO, MARLENE		NAME	Wigand, Marlene	
STREET ADDRESS	505 NE 132 TERR		STREET ADDRESS	505 NE 132 Terr	
CITY - ST - ZIP	MIAMI, FL 33161		CITY - ST - ZIP	Miami, FL 33161	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <i>Donald C. Smith, Pres</i> Donald C. Smith, Pres 8/20/04 305-893-1100					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					