

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90107 049 ****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



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0774174**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

~~BOYLE, GAYLE
699 NE 164 ST.
MIAMI FL 33162~~

7. Name and Address of New Registered Agent

Name **Smith, Donald C.**
Street Address (P.O. Box Number is Not Acceptable)
13040 Ortega Lane
City **North Miami** FL Zip Code **33181**

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 **Donald C. Smith**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/15/2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE ☒ Delete
NAME **JOHNSON, TERRY**
STREET ADDRESS **15100 WINDBLUFF ST.**
CITY-ST-ZIP **DAVIE FL 33331-2912**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS
CITY-ST-ZIP **N. Miami, FL 33181**

TITLE ☐ Change ☒ Addition
NAME **MARJORIE BROWN**
STREET ADDRESS **860 BURLINGTON ST**
CITY-ST-ZIP **OPA LOCKA, FL 33054-3929**

TITLE ☐ Change ☒ Addition
NAME **SECY NANCY SMITH**
STREET ADDRESS **13040 ORTEGA LN**
CITY-ST-ZIP **N. MIAMI, FL 33181**

TITLE ☐ Change ☒ Addition
NAME **VICE PRES MARLENE WIGAND**
STREET ADDRESS **505 NE 132 TER**
CITY-ST-ZIP **MIAMI, FL 33161**

TITLE ☐ Change ☐ Addition
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: **Donald C. Smith** 2/15/03 305-893-1100

CR2E037 (10/02)