

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90119 039 \*\*\*\*61.25

**DOCUMENT # N00000008015**

1. Entity Name

ST. MARY'S GRAND CHRISTIAN ENCAMPMENT, INC.



Principal Place of Business

284 NE 80TH TERRACE  
 MIAMI FL 33138

Mailing Address

1930 NW 191 STREET  
 MIAMI FL 33056



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number

65-1067170

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Change of Status Desired

**\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

MILLER, IRIS  
 1930 NW 191 STREET  
 MIAMI FL 33056

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-electing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D  Delete  
 NAME: MILLER, IRIS  
 STREET ADDRESS: 1930 NW 191 ST  
 CITY-ST-ZIP: MIAMI FL 33056

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

TITLE: D  Delete  
 NAME: RITCH, GLORIA  
 STREET ADDRESS: 2202 N 28TH AVE  
 CITY-ST-ZIP: HOLLYWOOD FL 33020

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

TITLE: O  Delete  
 NAME: POWELL, VELDA  
 STREET ADDRESS: 8245 NW 34 AVE  
 CITY-ST-ZIP: MIAMI FL 33147

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

TITLE: D  Delete  
 NAME: LE MIGNOT, NORMA  
 STREET ADDRESS: 3920 NE 16TH AVE  
 CITY-ST-ZIP: FT LAUDERDALE FL 33334

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

TITLE: D  Delete  
 NAME: FORD, FERNE  
 STREET ADDRESS: 2750 NW 44 ST., APT 113  
 CITY-ST-ZIP: OAKLAND PARK FL 33309

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

TITLE: D  Delete  
 NAME: ANDERSON, LEANORA  
 STREET ADDRESS: 1411 NW 63 AVE  
 CITY-ST-ZIP: SUNRISE FL 33313

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 exemptions contained in Section 119, 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:

*IRIS MILLER* IRIS MILLER 4-7-06 305-625-7606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #