

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90009 025 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1067170

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

**MILLER, IRIS
1930 NW 191 STREET
MIAMI FL 33056**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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	D	<input type="checkbox"/> Delete
NAME	MILLER, IRIS	
STREET ADDRESS	1930 NW 191 ST	
CITY ST ZIP	MIAMI FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	RITCH, GLORIA	
STREET ADDRESS	2202 N 28TH AVE	
CITY ST ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, VELDA	
STREET ADDRESS	8245 NW 34 AVE	
CITY ST ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	LE MIGNOT, NORMA	
STREET ADDRESS	3920 NE 16TH AVE	
CITY ST ZIP	FT LAUDERDALE FL 33334	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORD, FERNE	
STREET ADDRESS	2750 NW 44 ST., APT 113	
CITY ST ZIP	OAKLAND PARK FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, LEANORA	
STREET ADDRESS	1411 NW 63 AVE	
CITY ST ZIP	SUNRISE FL 33313	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D ICILDA BRYAN
STREET ADDRESS	17301 NW 27th COURT,
CITY ST ZIP	MIAMI, FL 33056
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 . 2-18-07.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #