

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N0000008015**  
 1. Entry Name  
**ST. MARY'S GRAND CHRISTIAN ENCAMPMENT, INC.**



Principal Place of Business      Mailing Address  
**284 NE 80TH TERRACE**      **1930 NW 191 STREET**  
**MIAMI FL 33138**      **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

1st MOORE      CR2E037 (10/07)  
 4. FEI Number      Applied For  
**65-1067170**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. 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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

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 type="checkbox"/> Delete
NAME	ICILDA, BRYAN
STREET ADDRESS	17301 NW 27TH COURT
CITY - ST - ZIP	MIAMI FL 33056
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	U00000836952 03/04/08-80037-010 61.25
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	

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: *[Signature]*      2/17/08      305-625-7606