


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90411 032 ****61.25

DOCUMENT # N03000005083

1. Entity Name
 DIVINE SAVIOR EVANGELICAL LUTHERAN CHURCH OF MIAMI, FLORIDA, INC.



Principal Place of Business
 9748 NW 32ND STREET
 MIAMI, FL 33172-1030

Mailing Address
 9748 NW 32ND STREET
 MIAMI, FL 33172-1030

14014067



2. Principal Place of Business
 10311 NW 58th ST
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01212005 Chg-NP CR2E037 (10/03)

City & State
 DORAL FL

City & State

Zip
 33178

Country
 USA

4. FEI Number
 65-0322444

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVA, ALBERT M MR.
 2930 NW 98 AVENUE
 MIAMI, FL 33172

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 reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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	LEYRER, CARL W REV.	
STREET ADDRESS	9748 NW 32ND STREET	
CITY-ST-ZIP	MIAMI, FL 331721030	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEYRER, CONNIE R	
STREET ADDRESS	9748 NW 32ND STREET	
CITY-ST-ZIP	MIAMI, FL 331721030	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WADE, JAMES	
STREET ADDRESS	5450 NW 104TH COURT	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	(D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUIS ACOSTA	
STREET ADDRESS	12740 NW 11th STREET	
CITY-ST-ZIP	MIAMI, FL 33182 (33182)	
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 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 officers empowered.

SIGNATURE: Calcedonio Date: 4/29/05 Daytime Phone #: 305-597-4545