

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 A
Secretary of State

DOCUMENT # N04000006077

1. Entity Name
LUTHERAN URBAN MISSIONS INTERNATIONAL, INC.



Principal Place of Business **Mailing Address**
6709 FICUS DR **6709 FICUS DR**
MIRAMAR, FL 33023 **MIRAMAR, FL 33023**

DO NOT WRITE IN THIS SPACE



03292007 No Chg-NP CR2E037 (4/06)

4. FEI Number **Applied For**
20-1993000 **Not Applicable**

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

6. Name and Address of Current Registered Agent

TINO, JAMES
6709 FICUS DR
MIRAMAR, FL 33023

**DO NOT WRITE
IN THIS SPACE**

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 renewing) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TINO, JAMES
STREET ADDRESS	6709 FICUS DR
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	C
NAME	NEITZEL, SCOTT
STREET ADDRESS	332 SW 194TH AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	T
NAME	NEITZEL, MONICA
STREET ADDRESS	332 SW 194TH AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	S
NAME	NORMA, TINO
STREET ADDRESS	22548 MORLEY
CITY-ST-ZIP	DEARBORN, MI 48124
TITLE	COMP
NAME	THOMSON, ISIS
STREET ADDRESS	18990 NW 10TH TERRACE
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	D
NAME	THOMPSON, JAMES
STREET ADDRESS	330 NW 208TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33169

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04/10/07-80055-025 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Monica Neitzel

Monica Neitzel

3/28/07

954-438-4745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #