

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000007263

1. Entity Name
MIAMI CHRISTIAN COMMUNITY CHURCH, INC.



Principal Place of Business
15664 SW 99 AVE
MIAMI, FL 33157-1715

Mailing Address
15664 SW 99 AVE
MIAMI, FL 33157-1715



01042007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

80-0117979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, JOSE M
6303 BLUE LAGOON DR.
SUITE 390
MIAMI, FL 33126-6005

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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 reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000585689
01/16/07-80021-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SWINDOLL, ORVILLE E
STREET ADDRESS	15664 SW 99 AVE
CITY-ST-ZIP	MIAMI, FL 331571715
TITLE	DV
NAME	DUO, EDUARDO N
STREET ADDRESS	3166 NW 99 PLACE
CITY-ST-ZIP	DORAL, FL 331721049
TITLE	DT
NAME	ARIAS, FRANCO M
STREET ADDRESS	12251 SW 114 TERRACE
CITY-ST-ZIP	MIAMI, FL 331865003
TITLE	DS
NAME	FORSBERG, DAVID R
STREET ADDRESS	4802 NW 116 AVE
CITY-ST-ZIP	MIAMI, FL 331784839
TITLE	D
NAME	DUCASA, ERMA L
STREET ADDRESS	9890 PALMETTO CLUB DR.
CITY-ST-ZIP	MIAMI, FL 331571731
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Orville E. Swindoll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #