

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90191 041 ****61.25

DOCUMENT # N05000004184

1. Entity Name
**INDEPENDENT NORTH MIAMI SEVENTH DAY
ADVENTIST CHURCH, INC.**



Principal Place of Business
**13025 NE 3RD AVE
NORTH MIAMI, FL 33161**

Mailing Address
**13025 NE 3RD AVE
NORTH MIAMI, FL 33161**

60033834



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

04292008 Chg-NP CR2E037 (12/06)

4. FEI Number
76-0790039 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

**CLARKE, CECIL
13025 NE 3RD AVE
NORTH MIAMI, FL 33161**

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **CLARKE, CECIL**
STREET ADDRESS **13025 NE 3RD AVE**
CITY-ST-ZIP **N MIAMI, FL 33161**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **MARR, EWART**
STREET ADDRESS **1245 NE 204TH TERRACE**
CITY-ST-ZIP **N MIAMI BEACH, FL 33179**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **RHODEN, BLOSSOM**
STREET ADDRESS **1375 NE 132 ST**
CITY-ST-ZIP **N MIAMI, FL 33161**

TITLE **SD** ☐ Change ☒ Addition
NAME **RUBEN EVANS**
STREET ADDRESS **13025 NE 3RD AVENUE**
CITY-ST-ZIP **N. MIAMI FL 33161**

TITLE **TD** ☐ Delete
NAME **BENAIN, DONALD**
STREET ADDRESS **1100 NE 160TH TERRACE**
CITY-ST-ZIP **N MIAMI BEACH, FL 33162**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

CECIL G. CLARKE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-08 305-8966339