

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-02-2005 90081 002 ****70.00

DOCUMENT # N09905

1. Entity Name

BISCAYNE COMMUNITY CHURCH, INC.



Principal Place of Business

15300 SW 288 ST
15300 S.W. 288TH ST.
HOMESTEAD FL 33033
US

Mailing Address

15300 SW 288 ST
15300 S.W. 288TH ST.
HOMESTEAD FL 33033
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 92-4425

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Princeton FL

Zip

Country

Zip

Country

33092-4425

USA

4. FEI Number

59-1360653

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, JOHN R
1720 NW 11 AVENUE
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name Lea West

Street Address (P.O. Box Number is Not Acceptable)

29945 SW 153 Pl.

City Leisure City

FL

Zip Code

33033

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

Lea West

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-20-05

FILE NOW: 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 DT
NAME COLEMAN, JOHN R JR
STREET ADDRESS 1720 NW 11TH AVE
CITY-ST-ZIP HOMESTEAD FL 33030 ☒ Delete

TITLE D
NAME CURTISS, KEVIN E
STREET ADDRESS 100 NE 6 AVE LOT 606
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

TITLE DP
NAME BUTTERMORE, WILLIAM J
STREET ADDRESS 14530 SW 284 ST
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T
NAME Lea West
STREET ADDRESS 29945 SW 153 Pl.
CITY-ST-ZIP Leisure City, FL 33033 ☐ Change ☒ Addition

TITLE D
NAME Mark Silverman
STREET ADDRESS 26105 SW 193 Ave.
CITY-ST-ZIP Homestead, FL 33031 ☐ Change ☒ Addition

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

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

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

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

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 like empowered.

SIGNATURE:

Mark Silverman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/05

Date

786-243-0607

Daytime Phone #