

1-25-95-8-449 -xc
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CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 95 JAN 25 PM 3:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N38914 (0)
 1. Corporation Name
ST. PETER'S EVANGELICAL LUTHERAN CHURCH OF MIAMI

Principal Place of Business Mailing Address
 4431 SW 104 CT. MIAMI FL 33165 US
 4431 SW 104 CT. MIAMI FL 33165 US

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified **06/29/1990**
 3a. Date of Last Report **07/26/1994**
 4. FEI Number **05-0032978**
 Applied For Not Applicable
 5. Certificate of Status Depled **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

21. Principal Place of Business **4431 S.W. 104 Court**
 Suite, Apt. #, etc.
 22. City & State **MIAMI, FLORIDA**
 Zip **33135** Country **U.S.A.**
 23. Mailing Address **4431 S.W. 104 Court**
 Suite, Apt. #, etc.
 24. City & State **MIAMI, FLORIDA**
 Zip **33135** Country **U.S.A.**

9. Name and Address of Current Registered Agent
DEWITT, RICHARD J
1113 CASTLE AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	PINZON, SAMUEL
STREET ADDRESS	4431 SW 104 CT
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	PINEDA, OSCAR PETER
STREET ADDRESS	5700 S.W. 127 Av.
CITY-ST-ZIP	MIAMI FL # (305) 445-5321
TITLE	SD
NAME	RON, HILDA
STREET ADDRESS	9510 SW 31 Terrace
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	RUBIANO, MARTGOT
STREET ADDRESS	9700 NW 6TH LN
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is verifiably true and that I do not qualify for the exemption stated in Section 110.07(3)(v), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 appointed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed, as of the attachment with an address).

SIGNATURE: *Samuel E. Pinzon*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Samuel E. Pinzon, Director 1-18-95 (305) 445-5321