## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 17 1997 8:00am

Secretary of State

(305)221-9598

01-06-1997

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SIGNATURE:

Rev. Samuel E.

N38914

(0)

## ST. PETER'S EVANGELICAL LUTHERAN CHURCH OF MIAMI

2. Principal Place of Business  28. Mailing Address  29. Suite, Apt. #, etc.  20. Suite, Apt. #, etc.  21. Suite, Apt. #, etc.  22. City & State  28. City & State  29. City & State  29. Country  20. Zip  20. Country  21. Zip  22. Country  23. Support Country  24. FEI 1  25. Cert  27. City & State  28. Mailing Address  5. Cert  6. Elect  7 rus  29. Name and Address of Current Registered Agent  10. Name  DEWITT, RICHARD J  1113 CASTILE AVENUE  CORAL GABLES FL 33134  81. Name  82. Street Address (P.O. E. B. Torida Statutes, the above-named corporation subtoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature: typed or printed name of registered agent and little of applicable. (NOTE: Registered Agent signature required when reneated agent and little of applicable. (NOTE: Registered Agent signature required when reneated agent and little of applicable. (NOTE: Registered Agent signature required when reneated agent and little of applicable. (NOTE: Registered Agent signature required when reneated agent and little of applicable. (NOTE: Registered Agent signature required when reneated agent and little of applicable. (NOTE: Registered Agent signature required when reneated agent and little of applicable. (NOTE: Registered Agent signature required when reneated agent and little of applicable.)	ida Statutes  ne and Address of New Reg  Box Number is Not Acceptab  pornits this statement for the p	
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12. OFFICERS AND DIRECTORS 13. ADDI		DATE CERS AND DIRECTORS IN 12
TITLE P DELETE 1.1 TITLE	HUNS/CHANGES TO OFFIC	Change Addition
DIVIDAY 0.144 IF.		
4404 000 404 07		
44444 61		
CITY-ST-ZIP		Change Addition
NAME GILBERTO, CASTILLA 2.2 NAME		
STREET ADDRESS 8836 SW 72 ST M-272 2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 2.4 CITY-ST-ZIP		
TITLE SD DELETE 3.1 TITLE		Change Addition
NAME EDUARDO, MUHINA 3.2 NAME		
STREET ADDRESS 6631 SW 2ND ST 3.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 3.4. CITY-ST-ZIP		
TITLE TD DELETE 4.1 TITLE		Change  Addition
NAME JOSE, COMAS 4.2 NAME		
STREET ADDRESS 10854 SW 88 ST APT 409 4.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 4.4 CITY-ST-ZIP		
TITLE DELETE 5.1 TITLE		Change Addition
NAME 5.2 NAME		
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TITLE DELETE 61 TITLE		Change Additi
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP	110 07/2VI) Clasida Ctatuta	e I further certify that the
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section information indicated on this annual report or supplemental annual report is true and accurate and that my signat I am an officer or director of the corporation or the receiver or trustee amp wered to execute this report as require appears in Block 12 of Block 13 if changed, or in a attachment with an officers.	ure shall have the same lega	at effect as if made under oath; t