FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN 14 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49539 (2)

1. Corporation Name
MIAMI SHORES COMMUNITY CHURCH, INC.

Principal Place of Business	Mailing Address
9823 NE 4TH AVE. MIAMI SHORES FL 33138	9823 NE 4TH AVE. MIAMI SHORES FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1992
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-0657328 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOPPEN, ROBERT A 700 NE 90TH ST MIAMI SHORES FL 33138	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE	PRESIDENT T	☐ Change ☐ Addition
NAME	MASER, MARJORIE	1.2 NAME	MASER, MARJORIE	
STREET ADDRESS	736 NE 94 ST	1.3 STREET ADDRESS	736 N.E. 94th Street	
CITY-ST-ZIP	MIAMI SHORES FL	1.4 CITY-ST-ZIP	Miami Shores, FL	
TITLE	T	2.1 TITLE	Vice President T	X Change ☐ Addition
NAME	MORELL, STEPHANIE J	2.2 NAME	Karrer, Richard	
STREET ADDRESS	20270-7 NE 3RD CT	2.3 STREET ADDRESS	7510 Coquina Dr.	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	No. Bay Vil,, FL 33141	
TITLE	T	3.1 TITLE	SECRETARY T	☑ Change ☐ Addition
NAME	EHRHARD, HARRIET	3.2 NAME	ELEANOR WIGGINTON	
STREET ADDRESS	542 NE 72ND ST.	3.3 STREET ADDRESS	17945 NW 6th Avenue	
CITY-ST-ZIP	MIAMI FL 33138	3.4 CITY-ST-ZIP	Miami, FL 33169	
TITLE	T	4.1 TITLE	TREASURER T	☐ Change ☐ Addition
NAME	RAMOS, CAROL	4.2 NAME	RAMOS, CAROL	
STREET ADDRESS	9823 NE 4TH AVE.	4.3 STREET ADDRESS	9823 N.E. 4th Avenue	
CITY-ST-ZIP	MIAMI SHORES FL 33138	4.4 CITY-ST-ZIP	Miami Shores, FL 33138	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

8/7/10

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joann Karrer 6/5/95 (305) 757-3445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Senior Minister

0341877