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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

3. Date Incorporated or Qualified: 06/24/1992

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

KOPPEN, ROBERT A
700 NE 90TH ST
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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	PT	☐ DELETE	1.1 TITLE	PT	☒ Change ☐ Addition
NAME	KARRER, RICHARD		1.2 NAME	Jack Ulmer	
STREET ADDRESS	7510 COQUINA DRIVE		1.3 STREET ADDRESS	526 NE 97 St.	
CITY-ST-ZIP	NORTH BAY VILLAGE FL		1.4 CITY-ST-ZIP	Miami Shores, FL	
TITLE	VT	☐ DELETE	2.1 TITLE	VT	☒ Change ☐ Addition
NAME	ULMER, JACK		2.2 NAME	Mark Sell	
STREET ADDRESS	526 NE 97 ST		2.3 STREET ADDRESS	58 NW 98 St.	
CITY-ST-ZIP	MIAMI SHORES FL		2.4 CITY-ST-ZIP	Miami Shores, FL	
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WIGGINTON, ELEANOR		3.2 NAME		
STREET ADDRESS	17945 NW 6TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169		3.4 CITY-ST-ZIP		
TITLE	TT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GENERETTE, WILLIAM		4.2 NAME		
STREET ADDRESS	402 NE 93 STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Jack Ulmer OUT Jack ULMER 4-2-98 305-7583723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0029242