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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

**DOCUMENT # N49577 (2)**

1. Corporation Name  
**ALTA VISTA PRESBYTERIAN CHURCH, INC.**

Principal Place of Business Mailing Address

**12555 NW 17TH AVE  
NORTH MIAMI FL 33167**

**12555 NW 17TH AVE  
NORTH MIAMI FL 33167**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/22/1992** 3a. Date of Last Report **04/26/1994**

4. FEI Number **65-0087501** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

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

9. Name and Address of Current Registered Agent

**WARREN, ROBERT L.  
12555 NW 17TH AVE  
NORTH MIAMI FL 33167**

10. Name and Address of New Registered Agent

81 Name **MOSELLE RACKARD**

82 Street Address (P.O. Box Number is Not Acceptable) **12555 NW 17th Avenue**

83

84 City **North Miami** FL 85 Zip Code **33167**

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 **MOSELLE RACKARD, CHAIRMAN** *Moselle Rackard* 4/2/95

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

12. OFFICERS AND DIRECTORS

TITLE	<b>DC</b>
NAME	<b>MCADAM, JOHN</b>
STREET ADDRESS	<b>18000 NW 19TH AVE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>DVC</b>
NAME	<b>SMITH, JANICE</b>
STREET ADDRESS	<b>18800 NW 25TH CT</b>
CITY - ST - ZIP	<b>OPA LOCKA FL</b>
TITLE	<b>DST</b>
NAME	<b>ALBURY, CHRISTINE</b>
STREET ADDRESS	<b>953 N.W. 127TH STREET</b>
CITY - ST - ZIP	<b>NORTH MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>BANKS, DEBRA</b>
STREET ADDRESS	<b>12555 NW 17TH AVE</b>
CITY - ST - ZIP	<b>N MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>SMIKLE, JOHN</b>
STREET ADDRESS	<b>7521 NW 15TH AVE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>ZUMWALT, NATHALIE</b>
STREET ADDRESS	<b>1150 NW 108TH ST</b>
CITY - ST - ZIP	<b>MIAMI FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>TrC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Moselle Rackard</b>
13 STREET ADDRESS	<b>1025 NW 56 Street</b>
14 CITY - ST - ZIP	<b>Miami FL 33127</b>
21 TITLE	<b>TrVC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>John Smikle</b>
23 STREET ADDRESS	<b>7521 NW 15 Avenue</b>
24 CITY - ST - ZIP	<b>Miami FL 33147</b>
31 TITLE	<b>TrST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Christine Albury</b>
33 STREET ADDRESS	<b>16551 SW 200 Street</b>
34 CITY - ST - ZIP	
41 TITLE	<b>Tr</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Debra Banks</b>
43 STREET ADDRESS	<b>20760 NE 4 Ct. #204</b>
44 CITY - ST - ZIP	<b>North Miami FL 33179</b>
51 TITLE	<b>Tr</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>Marie Kissoon</b>
53 STREET ADDRESS	<b>1201 NW 118 Street</b>
54 CITY - ST - ZIP	<b>Miami FL 33167</b>
61 TITLE	<b>Tr</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>Nathalie Zumwalt</b>
63 STREET ADDRESS	<b>1150 NW 108 Street</b>
64 CITY - ST - ZIP	<b>Miami FL 33168</b>

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 110.07(3)(b), 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: **MOSELLE RACKARD, CHAIRMAN** *Moselle Rackard* (305) 759-2280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4/2/95