

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49577

**FILED**  
**Apr 13, 2004**  
**Secretary of State**

**Entity Name:** ALTA VISTA PRESBYTERIAN CHURCH, INC.

**Current Principal Place of Business:**

12555 NW 17TH AVE  
NORTH MIAMI, FL 33167

**New Principal Place of Business:**

**Current Mailing Address:**

12555 NW 17TH AVE  
NORTH MIAMI, FL 33167

**New Mailing Address:**

**FEI Number:** 65-0087501      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RACKARD, MOSELLE  
12555 NW 17TH AVE  
NORTH MIAMI, FL 33167      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TRC      ( ) Delete  
Name: RACKARD, MOSELLE  
Address: 1025 NW 56 ST  
City-St-Zip: MIAMI, FL

Title: TVC      ( ) Delete  
Name: SMIKLE, JOHN  
Address: 7521 N.W. 15TH AVENUE  
City-St-Zip: MIAMI, FL 33147

Title: T      ( ) Delete  
Name: BANKS, DEBRA F  
Address: 20760 N.E. 4TH CT  
City-St-Zip: NORTH MIAMI, FL 33179

Title: T      ( ) Delete  
Name: KISSON, MARIE  
Address: 1201 N.W. 118TH STREET  
City-St-Zip: MIAMI, FL 33167

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TRC      (X) Change ( ) Addition  
Name: RACKARD, MOSELLE  
Address: 1025 NW 56 ST  
City-St-Zip: MIAMI, FL 33127

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOSELLE RACKARD

TRC

04/13/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date