

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90001 033 ****61.25

DOCUMENT # N49577
 1. Entity Name
ALTA VISTA PRESBYTERIAN CHURCH, INC.



Principal Place of Business
 12555 NW 17TH AVE
 NORTH MIAMI, FL 33167

Mailing Address
 12555 NW 17TH AVE
 NORTH MIAMI, FL 33167

50002018

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01102005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
RACKARD, MOSELLE
 12555 NW 17TH AVE
 NORTH MIAMI, FL 33167

4. FEI Number
65-0087501

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name **BENJAMIN C. JEFFERSON**
 Street Address (P.O. Box Number is Not Acceptable)
1441 NW 138TH STREET
 City **MIAMI** FL Zip Code **33167**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **BENJAMIN C. JEFFERSON** 1/11/05 DATE

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRC RACKARD, MOSELLE 1025 NW 56 ST MIAMI, FL 33127 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVC SMIKLE, JOHN 7521 N.W. 15TH AVENUE MIAMI, FL 33147 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BANKS, DEBRA F 20760 N.E. 4TH CT NORTH MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KISSON, MARIE 1201 N.W. 118TH STREET MIAMI, FL 33167 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman-Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Benjamin C. Jefferson 1441 NW 138th Street Miami, Florida 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer-Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Patricia Ann Jefferson 1441 NW 138th Street Miami, Florida 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John Fox 7921 Normandy Street Miramar, Florida 33023-3356
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lois Hereford 1325 NW 123rd Street North Miami, Florida 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Grace Moore 1460 NW 114th Street North Miami, Florida 33167

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other fee empowered.

SIGNATURE: *[Signature]* **BENJAMIN JEFFERSON** 1/11/05 305-681-3990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #