

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90151 013 \*\*\*\*66.25

**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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

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

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 Moselle Rackard DATE 2/26/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 like empowered.

SIGNATURE: MOSSELLE RACKARD - Moselle Rackard 2/26/03 305-759-2280

CR2E037 (10/02)