

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra D. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004843 (7)**

1. Corporation Name

MIRAMAR CHRISTIAN CENTER, INC.

Principal Place of Business

Mailing Address

**7984 MIRAMAR PARKWAY
MIRAMAR FL 33023
US**

**2836 ISLAND DRIVE
MIRAMAR FL 33023
US**

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

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25

29

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/12/1995

3a. Date of Last Report
04/24/1996

4. FEI Number

65-0624528

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

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

10. Name and Address of New Registered Agent

**RAMNATH, RAJENDRANATH
2836 ISLAND DRIVE
MIRAMAR FL 33023**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

200002351032-- 2

83

-11/18/97--01090--005

84 City

*******61.25 *****61.25
FL**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **KALLOO, SHAFFICK**
STREET ADDRESS **2836 ISLAND DRIVE**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **D** ☒ DELETE

NAME **RAMIREZ, LYDIA**
STREET ADDRESS **2836 ISLAND DRIVE**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **D** ☐ DELETE

NAME **SINGH, MALA**
STREET ADDRESS **2836 ISLAND DRIVE**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **D** ☐ DELETE

NAME **EDWARD TURNER**
STREET ADDRESS **2925 NW 132nd TOR**
CITY-ST-ZIP **Opa Locka, FL 33054**

TITLE **D** ☒ DELETE

NAME **KEN RAMNATH**
STREET ADDRESS **2836 ISLAND DRIVE**
CITY-ST-ZIP **MIRAMAR, FL 33023**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **KALLOO, SHAFFICK**
1.3 STREET ADDRESS **7600 PEMBROKE ROAD, APT 1**
1.4 CITY-ST-ZIP **MIRAMAR, FL 33023**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **RAJENDRANATH RAMNATH**
2.3 STREET ADDRESS **2836 ISLAND DRIVE**
2.4 CITY-ST-ZIP **MIRAMAR, FL 33023**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **ANGELA RAMNATH**
3.3 STREET ADDRESS **2836 ISLAND DRIVE**
3.4 CITY-ST-ZIP **MIRAMAR, FL 33023**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **ANTHONY RADHAY**
4.3 STREET ADDRESS **17840 NW 67th AVE APT F**
4.4 CITY-ST-ZIP **MIAMI, FL 33015**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **RHONA RAMNATH**
5.3 STREET ADDRESS **6790 NW 186th STREET APT 301A**
5.4 CITY-ST-ZIP **MIAMI, FL 33015**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **RIGOBERTO PINTO**
6.3 STREET ADDRESS **17710 NW 67th AVE., APT 317**
6.4 CITY-ST-ZIP **MIAMI LAKES, FL 33015**

14. I do 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:

Sandra D. Northam

9/9/97 (67) 984-7300

APPROVED
AND
FILED

97 NOV 14 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



A. Alan 11/14/97

DO NOT WRITE IN THIS SPACE

CR2E037 (4/97)