

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007191

FILED  
Apr 02, 2007  
Secretary of State

**Entity Name:** CIRCLE OF LIGHT METROPOLITAN COMMUNITY CHURCH MIAMI, INC.

**Current Principal Place of Business:**

2100 WASHINGTON AVENUE  
MIAMI BEACH, FL 331393233

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 399117  
MIAMI BEACH, FL 332399117

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CRUZ, CARLOS  
12799 NW 18 MANOR  
PEMBROKE PINES, FL 33028 US

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

CRUZ, CARLOS M  
12799 NW 18 MANOR  
PEMBROKE PINES, FL 33028 US

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: CARLOS M. CRUZ

04/02/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SKAGGS, ROBERT  
Address: 6323 SW 42ND TERR  
City-St-Zip: SOUTH MIAMI, FL 33155

Title: SD ( ) Delete  
Name: SLACK, BARRY  
Address: 3550 AVOLADO AVE  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: TAULE, GEORGE  
Address: 4101 SW 62ND AVE  
City-St-Zip: MIAMI, FL 33155

Title: PD ( ) Delete  
Name: CRUZ, CARLOS  
Address: 12799 NW 18 MANOR  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D (X) Delete  
Name: SLIMAN, JASON  
Address: 1500 BAY RD #1422  
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: D (X) Change ( ) Addition  
Name: SLIMAN, JASON  
Address: 1508 BAY ROAD APT 1147  
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD (X) Change ( ) Addition  
Name: TAYLOR, OLLIE L  
Address: 1131 NW 57 ST  
City-St-Zip: MIAMI, FL 33127

Title: D (X) Change ( ) Addition  
Name: MENDEZ, ROSA  
Address: 2824 SW 127 AVE  
City-St-Zip: MIRAMAR, FL 33027

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 Chapter 119, 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: CARLOS M. CRUZ

PD

04/02/2007

Electronic Signature of Signing Officer or Director

Date