

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000007191

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



FILED
Jun 23, 2008 08:00 AM
Secretary of State

Principal Place of Business
**2100 WASHINGTON AVENUE
MIAMI BEACH, FL 33139-3233**

Mailing Address
**P.O. BOX 399117
MIAMI BEACH, FL 33239-9117**



05032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000953335
06/23/08-80001-031 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLIMAN, JASON 1508 BAY ROAD APT 1147 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TAYLOR, OLLIE L 1131 NW 57 ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MENDEZ, ROSA 2824 SW 127 AVE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CRUZ, CARLOS 12799 NW 18 MANOR PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Carlos Cruz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-15-08