

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2007 08:00 AM  
Secretary of State

DOCUMENT # N99000001010

1. Entity Name  
MIAMI DADE AREA SEVENTH-DAY ADVENTIST CHURCH  
REFORM MOVEMENT, INTERNATIONAL MISSIONARY  
SOCIETY,



Principal Place of Business

1800 SW 9 STREET  
MIAMI, FL 33135

Mailing Address

1800 SW 9 STREET  
MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

84-0706740

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALEJANDRO, PENA  
1800 SW 9 ST  
MIAMI, FL 33135

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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]*

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

(NOTE: Registered Agent signature required when re-registering)

JAN 10-2007

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD

ELSA, TAPIA

918 SW 18 AVE

MIAMI, FL 33135

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD

NEVEDO, AMANDA

2742 SW 5TH ST. APTD REAR

MIAMI, FL 33135

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

ALEJANDRO, PENA

1800 SW 9 ST

MIAMI, FL 33135

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

000000629441  
02/19/07-80001-006 61.25

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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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 10-2007

Date

305)643-1392

Usatime Phone #