

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702758

Entity Name: ST. JOHN LUTHERAN CHURCH OF MIAMI SHORES, FLORIDA, INC.**FILED**
Apr 30, 2025
Secretary of State
9622305057CC**Current Principal Place of Business:**10390 NE 2ND AVE
MIAMI SHORES, FL 33138**Current Mailing Address:**10390 NE 2ND AVE
MIAMI SHORES, FL 33138 US**FEI Number: 59-6522047****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CAMILLE, BORIS
10390 NE 2ND AVENUE
MIAMI SHORES, FL 33138 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: BORIS CAMILLE****04/30/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name MOREAU, LINDA
Address 20521 NW 10TH AVE
City-State-Zip: MIAMI FL 33169**Title** VP
Name AZOR, JUANO
Address 11840 NE 19TH DR
21
City-State-Zip: MIAMI FL 33181**Title** SYNODICALLY AUTHORIZED
MINISTER
Name CAMILLE, BORIS
Address 10390 NE 2ND AVENUE
City-State-Zip: MIAMI SHORES FL 33138**Title** CORRESPONDING SECRETARY
Name JEAN, SABINE
Address 621 EDWIN STREET
City-State-Zip: HOLLYWOOD FL 33020**Title** T
Name CHARLOT, ANNE MARIE D
Address 84 NE 150 STREET
City-State-Zip: MIAMI FL 33161**Title** TREASURER
Name MOREAU, ACHILLE FILS
Address 20521 NW 10TH AVE
City-State-Zip: MIAMI FL 33169

I hereby 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 all other like empowered.

SIGNATURE: BORIS CAMILLE**PASTOR****04/30/2025**

Electronic Signature of Signing Officer/Director Detail

Date