

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702758

**FILED**  
**Feb 16, 2022**  
**Secretary of State**  
**4620779151CC**

**Entity Name:** ST. JOHN LUTHERAN CHURCH OF MIAMI SHORES, FLORIDA, INC.

**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: No**

**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**

**02/16/2022**

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           D  
Name           VISCARRA, JENIFFER  
Address        16909 N BAY ROAD  
                  #115  
City-State-Zip: SUNNY ISLES BEACH FL 33160

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**

**SYNODICALLY  
AUTHORIZED MINISTER**

**02/16/2022**

Electronic Signature of Signing Officer/Director Detail

Date