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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706917 (2)
1. Corporation Name
THE CHURCH BY THE SEA INC.



Principal Place of Business 501 96TH STREET BAL HARBOUR FL 33154	Mailing Address 501 96TH STREET BAL HARBOUR FL 33154-2450
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3. Date Incorporated or Qualified 02/28/1964	3a. Date of Last Report 03/27/1996
4. FEI Number 59-0668474	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
**LANKLER, ALEXANDER
268 BAL BAY DR.
BAL HARBOUR FL 33154**

10. Name and Address of New Registered Agent
81 Name **Faulkner, Fred**
82 Street Address (P.O. Box Number is Not Acceptable) **191 Bal Bay Dr.**
83
84 City **Bal Harbour, FL** 85 Zip Code **33154**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: *Fred Faulkner* **Fred Faulkner** DATE: **3/27/97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	T Assistant Treasurer	<input type="checkbox"/> DELETE
NAME	MAVROLEON, MACE	
STREET ADDRESS	351 POINCIANA ISLAND	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FAULKNER, FRED	
STREET ADDRESS	P.O. BOX 546494	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, ROBENIA	
STREET ADDRESS	10160 COLLINS AVE, 205	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LANKLER, ALEXANDER	
STREET ADDRESS	276 BAL BAY DRIVE	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Ilvento, Charles		
1.3 STREET ADDRESS	10205 Collins Ave. #1206		
1.4 CITY-ST-ZIP	Bal Harbour, FL 33154		
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Faulkner, Fred		
2.3 STREET ADDRESS	P.O. Box 546494		
2.4 CITY-ST-ZIP	Miami Beach, FL 33154		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	Faulkner, Fred		
3.3 STREET ADDRESS	191 Bal Bay Dr.		
3.4 CITY-ST-ZIP	Bal Harbour, FL 33154		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *Robenia M. Smith* **Robenia M Smith** Date: **March 28, 1997**
Signature and typed or printed name of signing officer or director. Date Day-Month-Year Phone # 0031013

CR2E037 (9/96)