

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 25 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 713695 (5)**  
1. Corporation Name  
**KENDALL CHURCH OF GOD, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>8795 S.W. 112 STREET<br/>MIAMI FL 33176</b> | Mailing Address<br><b>8795 S.W. 112 STREET<br/>MIAMI FL 33176-3748</b> |
|---|--|

|   |    |   |    |  |    |  |    |
|---|----|---|----|--|----|--|----|
| 2. Principal Place of Business  |    | 2a. Mailing Address   |    | 3. Date Incorporated or Qualified<br><b>11/22/1967</b> |    | 3a. Date of Last Report<br><b>05/01/1996</b> |    |
| 21  | 22 | 23  | 24 | 25   | 26 | 27   | 28 |
| 4. FEI Number<br><b>59-1279748</b>  |    | 5. Certificate of Status Desired <input type="checkbox"/>   |    | Applied For  |    | Not Applicable                               |    |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |    | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    | 8. \$8.75 Additional Fee Required                      |    | \$5.00 May Be Added to Fees                  |    |

|   |  |  |  |  |  |           |    |
|---|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent                 |  |  |  | 10. Name and Address of New Registered Agent |  |           |    |
| <b>SMITH, DOUGLAS<br/>14321 SW 78 STREET<br/>MIAMI FL 33163</b> |  |  |  | 81   | Name   |           |    |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |           |    |
|   |  |  |  | 83   |  |           |    |
|   |  |  |  | 84   | City   | <b>FL</b> | 85 |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                             |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1? |                                 |                                   |
|----------------------------|-----------------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE                      | <b>CD</b>                   | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>SMITH, DOUGLAS</b>       |                                 | 1.2 NAME  |                                 |                                   |
| STREET ADDRESS             | <b>14321 SW 78TH ST.</b>    |                                 | 1.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | <b>MIAMI FL 33163</b>       |                                 | 1.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      | <b>VD</b>                   | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>DONALD, JAMES</b>        |                                 | 2.2 NAME  |                                 |                                   |
| STREET ADDRESS             | <b>750 NW 74TH STREET</b>   |                                 | 2.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>             |                                 | 2.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      | <b>SD</b>                   | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>STEWART, JANET</b>       |                                 | 3.2 NAME  |                                 |                                   |
| STREET ADDRESS             | <b>11195 S.W. 70 AVE.</b>   |                                 | 3.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | <b>MIAMI FL 33156</b>       |                                 | 3.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      | <b>TD</b>                   | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>MASON, MARION</b>        |                                 | 4.2 NAME  |                                 |                                   |
| STREET ADDRESS             | <b>9454 SW 146TH AVENUE</b> |                                 | 4.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>             |                                 | 4.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      |                             | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                             |                                 | 5.2 NAME  |                                 |                                   |
| STREET ADDRESS             |                             |                                 | 5.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                |                             |                                 | 5.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      |                             | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                             |                                 | 6.2 NAME  |                                 |                                   |
| STREET ADDRESS             |                             |                                 | 6.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                |                             |                                 | 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 139.07(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: *Douglas Smith* **4/18/97 305274 2072**

CR2E037 (9/96)