FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT #

NAME

STREET ADDRESS

(8)

	CHURC	CH OF CH	HRIST ON QUA	AIL ROOST DRIVE INC								
Principal Place of Business Mailing Address							F (00) AL 2000 L 110 (1 0		albi dibil dil		1811 81911 1891	
12780 QUAIL ROOST DR MIAMI FL 33177-4818				12780 QUAIL ROOST DR MIAMI FL 33177-4818				3. Date incorporated or Qualified 07/10/1968				
ĺ								4. FEI Number			A	pplied For
<u>_</u>	Dringinal C	land of Divola		Se Mailing Address		····		65-0221923				ot Applicable
21	2. Principal Place of Business			2a. Mailing Address				5. Certificate of Status	Desired		7	Additional equired
Г	Suite, Apt. #, etc.			Suite, Apt. #, etc.				6. Election Campaign	Financing		\$5.00	
22	22			27				Trust Fund Contribu	_		Added t	
23	City & State			City & State				7. Is this nonprofit corporation a homeowners association?				
	Zip		Country	Zip	Co	untry		8. This corporation ow				tangible
24			25	29	30			Personal Property T	ax due June	3 0. [∃ Yes 【	No No
L		9. Name	and Address of Cu	irrent Registered Agent		81 Name		10. Name and Address	of New Re	gistered	Agent	
	O ITTO	W (414EA				81 Name	5	AME				
BUTTRICK, JAMES A.					B2			ss (P.O. Box Number is N	lot Accepta	ple)		
25400 SW 107 AVE PRINCETON FL 33032					83 100			05W8	00	DT		
	THITCH	OH 1 E 000	NOE .			17	01	05W8	7 C	RT.	lant as	0.4.
						84 City	M	AMI		FL	85 Zip	Code 7
						1 1 1	,,,,	1/////				
11	Pursuant t	to the provision	ons of Sections 617	.0502 and 617.1508, Florida Stat	utes, the a	bove-named o	corpor	ration submits this statem	ent for the			
11	Pursuant to office or re agent. I as	to the provision of the	ons of Sections 617 ent, or both, in the S h, and accept the c	.0502 and 617.1508, Florida Stat State of Florida. Such change was obligations of, Section 617.0503, I	utes, the a s authorize Florida Sta	bove-named of by the corp tutes.	corpor	ration submits this statem n's board of directors. I h	ent for the pereby acce			
1	GNATURE								nent for the pereby acce	purpose of pt the app		
1	GNATURE _		or printed name of registers			bove-named of by the corp tutes.				purpose of pt the app	changing i ointment as	ts registered registered
S	GNATURE _		or printed name of registers	ed agent and title if applicable. (N	OTE: Register	d Agent signature		when reinstating)		purpose of pt the app	changing i ointment as	ts registered registered
5 12	GNATURE _	Signature, typed PD ROMAN(or printed name of registers OFFICERS O, RICHARD	ed agent and little if applicable. (N S AND DIRECTORS	OTE: Registers	d Agent signature		when reinstating)		purpose of pt the app	changing i cintment as	ts registered registered
S TIT NA	GNATURE .	PD ROMANO 14530 S	or printed name of register OFFICERS D, RICHARD W 171 TERR	ed agent and little if applicable. (N S AND DIRECTORS	OTE: Registers 13. 1.1 T 1.2 N	d Agent signature		when reinstating)		purpose of pt the app	changing i cintment as	ts registered registered
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CITY-ST-ZIP 14. I 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 attackment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

EN BEASLEY TO

Change

Addition

FILED

Jan 23 1998 8:00am

Secretary of State