FILE NOW: FILING FEE IS \$61.2

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

FILED Mar 16 1998 8:00am Secretary of State

UNIVERSITY CHRISTIAN CHURCH OF SOUTH MIAMI, FLOR IDA, INC.				
Principal Place	e of Business	Mailing Address		n negali readi alabi diadi diadi kalah alili diadi diaki alah alah alah alah alah alah alah sadi
6750 SUNSET DR 6750 SUNSET DR 8 MIAMI FL 33143 S MIAMI FL 33143				3. Date Incorporated or Qualified 10/30/1968 4. FEI Number Applied For
2. Principal P	ace of Business	2a. Mailing Address	•	59-6137393 Not Applicable 5 Continue to of Status Desired \$8.75 Additional
21	23 0	26		5. Certificate of Status Desired
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22 27		City & State		Trust Fund Contribution Added to Fees
City & State	,	28		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible
24	25	29 3	0	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
ļ			81 Name	SMITH JAMES
LARSON	•		[82] Street A	Address (P.O. Box Number is Not Acceptable) 1
	/ 104 COURT			12860 S.W. 43 RD DRIVE: #247 B
MIAMI FI	. 33176		83	
			84 City	M. 4m; FL 85 Zip Code 33/75
11 Diversal	the provisions of Castions 617 0503	and 617 1509 Florida Statutos	the shove named	(///////// TEI 30((8)
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.				
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD	☐ DELETE	1.1 TITLE	VD Change Addition
NAME	SM ITH, JAMES		1.2 NAME	LARSON, BRUCE
STREET ADDRESS	12860 SW 43 DR #247-B		1.3 STREET ADDRESS	9321 5. W. 104m COURT
CITY-ST-ZIP	MIAMI FL		1.4 CITY+ST-ZIP	MIAMI FL 35 176
TITLE	CD	DELETÉ	2.1 TITLE	SD Change X Addition
NAME	TEAGARDEN JR, ROBIN		2.2 NAME	MARTHA SMITH
STREET ADDRESS	9251 SW 70 ST		2.3 STREET ADDRESS	12860 S.W. 43 RD DRIVE, Apt 241-6 MIAMI, FLA 33175
CITY-ST-ZIP	MIAMI FL.	DELETE	2. 4 CITY - ST - ZIP	Mi Ami Fin 35/75
TITLE	SD TEAGARDEN, REBECCA M	DECERE	3.1 TITLE 3.2 NAME	- Orange _ Addition
NAME Street Address	9251 SW 70 ST		3.3 STREET ADDRESS	
	MIAMI FL		3.4. CITY-ST-ZIP	
CITY-ST-ZIP TITLE	TD	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LARSON, SANDRA		4. 2 NAME	
STREET ADDRESS	9321 SW 104 CT		4.3 STREET ADORESS	
CITY-ST-ZIP	MIAMI FL 33176		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	

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 attachment with an address.

SIGNATURE:

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