

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 25 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717833 (8)

1. Corporation Name

**RESURRECTION EVANGELICAL LUTHERAN CHURCH OF DADE
COUNTY, FLORIDA**

| | |
|--|--|
| Principal Place of Business CHURCH OF DADE COUNTY FLORIDA INC 8155 WEST 12TH AVE. HIALEAH FL 33014 | Mailing Address CHURCH OF DADE COUNTY FLORIDA INC 8155 WEST 12TH AVE. HIALEAH FL 33014 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/31/1969 | 3a. Date of Last Report 01/28/1994 |
| 4. FBI Number 65-0113846 | Applied For <input type="checkbox"/> Not Applicable |

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| | Zip 29 |
| | Country 30 |

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$3.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**SHISKIN, TED
15001 EGAN LANE
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

| | |
|--------------------|-------------------------------|
| TITLE PD | SHISKIN, TED |
| NAME | 15001 EGAN LANE |
| STREET ADDRESS | MIAMI LAKES FL |
| CITY - ST - ZIP | |
| TITLE SD | NOLTE, JACK |
| NAME | 439 CANDIA AVENUE |
| STREET ADDRESS | CORAL GABLES FL |
| CITY - ST - ZIP | |
| TITLE TD | COY, ORIN |
| NAME | 13920 LEANING PINE DR. |
| STREET ADDRESS | MIAMI LAKES FL |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|---|
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | TD |
| 1.2 NAME | Fardal, John |
| 1.3 STREET ADDRESS | 6311 Pant Place, Miami Lakes, FL |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Jack Nolte **JACK NOLTE** 4/17/95 **800-292-3446**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #