

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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
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3. Date Incorporated or Qualified 12/31/1969	3a. Date of Last Report 04/25/1995
4. FEI Number 65-0113846	Applied For <input 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 type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent SHISKIN, TED PT D 15001 EGAN LANE MIAMI LAKES FL 33014				10. Name and Address of New Registered Agent	
81	Name		84	City	85
82	Street Address (P.O. Box Number is Not Acceptable)		FL	Zip Code	

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: Ted Shiskin (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARDAL, JOHN	1.2 NAME	
STREET ADDRESS	6311 PENT PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLTE, JACK	2.2 NAME	
STREET ADDRESS	439 CANDIA AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COY, ORIN	3.2 NAME	
STREET ADDRESS	13920 LEANING PINE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLORES LOCKERBIE	4.2 NAME	
STREET ADDRESS	324 W. 53 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FLA. 33012	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TED SHISKIN P.T. D	5.2 NAME	
STREET ADDRESS	15001 EGAN LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES, FL. 33014	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	000001777780
STREET ADDRESS		6.3 STREET ADDRESS	-04/12/96--01011--027
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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 119.07(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: Ted Shiskin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **6 Feb '96** Daytime Phone #: **305-652-7010**
TEA SHISKIN - PRESIDENT - CHURCH COUNCIL SCF 4-11-96

CR2E037 (12/95)