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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

CHURCH OF DADE COUNTY FLORIDA INC
8155 WEST 12TH AVE.
HIALEAH FL 33014

CHURCH OF DADE COUNTY FLORIDA INC
8155 WEST 12TH AVE.
HIALEAH FL 33014-3523

3. Date Incorporated or Qualified
12/31/1969

3a. Date of Last Report
04/11/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0113846

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHISKIN, TED
15001 EGAN LANE
MIAMI LAKES FL 33014

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 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, PRES. TED SHISKIN*

DATE 2-18-97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME FARDAL, JOHN
STREET ADDRESS 6311 PENT PLACE
CITY-ST-ZIP MIAMI LAKES FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME NOLTE, JACK
STREET ADDRESS 439 CANDIA AVENUE
CITY-ST-ZIP CORAL GABLES FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PTD DELETE
NAME SHISKIN, TED
STREET ADDRESS 15001 EGAN LANE
CITY-ST-ZIP MIAMI LAKES FL 33014

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ~~S~~ DELETE
NAME ~~LOCKERBIE, DOLORES~~
STREET ADDRESS ~~324 W 59 ST~~
CITY-ST-ZIP ~~HIALEAH FL 33012~~

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S DELETE
NAME ~~ANNA CARLEY, MARGE~~
STREET ADDRESS 9391 MEADOWS CIRCLG W 6 ST
CITY-ST-ZIP MIRAMAR, FLA. 33025

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 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: *Ted Shiskin* PRES. CHURCH COUNCIL

DATE 2-18-97 305-822-5392
Daytime Phone # 0023186

CR2E037 (9/96)