


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 12/31/1969		
4. FEI Number 65-0113846	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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.	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 TED SHISKIN	
82 Street Address (P.O. Box Number is Not Acceptable) 15676 N.W. 12 MANOR	
83 REMBROKE PINES	
84 City FLORIDA	85 Zip Code 33028

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: **3 Jan '98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<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 VD	<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 PTD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHISKIN, TED		3.2 NAME	
STREET ADDRESS 15001 EGAN LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI LAKES FL 33014		3.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARLEY, MARGE		4.2 NAME	
STREET ADDRESS 3341 MEADOWS CIR. WEST		4.3 STREET ADDRESS	
CITY-ST-ZIP MIRAMAR FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 attachment with an address.

SIGNATURE: *Ted Shiskin* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** DATE: **3 Jan 198** **954** **436-0471**

Daytime Phone # 0022996

CR2E037 (10/97)