


**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90012 018 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

**DOCUMENT # 726626**

1. Corporation Name

**KENDALL CONTINUING PRESBYTERIAN CHURCH, INC.**

560991 - 90078 - 8

Principal Place of Business  
 8485 SW 112TH STREET  
 MIAMI FL 33156-4320

Mailing Address  
 8485 SW 112TH STREET  
 MIAMI FL 33156-4320



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	06/06/1973	59-1231923	Not Applicable
23	23. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
24	24. Zip	25. Country	28. Zip	29. Country	6. Election Campaign Financing Trust Fund Contribution
					\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
PERRY, KEITH 10460 SW 116TH MIAMI FL 33176		81 Name	Ken Cassel		
		82 Street Address (P.O. Box Number is Not Acceptable)	15025 S.W. 81 Ave.		
		83			
		84 City	Miami	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: *Ken Cassel, Chief of Staff* DATE: 5/23/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Addition
NAME	ANDERSON, RAY	1.2 NAME	
STREET ADDRESS	5771 S.W. 109 COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Addition
NAME	DEKONSCHIN, VICTOR	2.2 NAME	
STREET ADDRESS	8245 S W 106 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUTIER, JOSEPH E.	3.2 NAME	
STREET ADDRESS	10661B SW 113 PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, KEITH	4.2 NAME	Cassel, Ken
STREET ADDRESS	10460 SW 116TH ST	4.3 STREET ADDRESS	15025 S.W. 81 Ave.
CITY-ST-ZIP	MIAMI FL 33176	4.4 CITY-ST-ZIP	Miami, FL 33158
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)(f), 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 with all other like empowered.

SIGNATURE: *Walter Goulbe Kennedy* DATE: 2-22-99  
Signature and typed or printed name of signing officer or director

CR2E037 (1/98)