

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*MWB
1-9-97*

DOCUMENT # 736389

1. Corporation Name
 Riverside Baptist Church of Dade County, Fl
 10775 SW 104th Street
 Miami, FL 33176-8165

Principal Place of Business Same As Above	Mailing Address Same As Above
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified 7-15-76	3a. Date of Last Report 3-21-96
4. FEI Number 59-0737902	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**Eugene Williams
9130 S. Dadeland Blvd #1100
Coral Gables, FL 33156**

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman of Deacons XXX DELETE	1.1 TITLE	Norman Kublin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Todd	1.2 NAME	8424 SW 102 Place
STREET ADDRESS	10922 SW 135 Place	1.3 STREET ADDRESS	Miami, FL 33173
CITY-ST-ZIP	Miami, FL 33186	1.4 CITY-ST-ZIP	CHAIRMAN OF DEACONS D
TITLE	Treasurer XXX DELETE	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norman Kublin	2.2 NAME	Ron Todd
STREET ADDRESS	8424 SW 102 Place	2.3 STREET ADDRESS	10922 SW 135 place D
CITY-ST-ZIP	Miami, FL 33173	2.4 CITY-ST-ZIP	Miami, FL 33186
TITLE	Secretary <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Mayo	3.2 NAME	
STREET ADDRESS	12222 SW 104 Lane D	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33186	3.4 CITY-ST-ZIP	
TITLE	Assistant Secretary XX DELETE	4.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric Myers	4.2 NAME	Dan Dixon
STREET ADDRESS	8740 SW 86th Street	4.3 STREET ADDRESS	11910 SW 188 Terrace D
CITY-ST-ZIP	Miami, FL 33173	4.4 CITY-ST-ZIP	Miami, FL 33177
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: Norman Kublin **01-02-97** **595-0542**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NORMAN KUBLIN CHAIRMAN OF DEACONS

CR2E037 (3/96)