

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

1996 7/30/96 6-7492

DOCUMENT # 737569 (4)

1. Corporation Name

CHURCH OF THE INCARNATION, INC.

Principal Place of Business

1835 N.W. 54TH ST.  
MIAMI FL 33142

Mailing Address

P.O. BOX 420050  
MIAMI FL 33142



3. Date Incorporated or Qualified  
12/17/1976

3a. Date of Last Report  
07/03/1995

4. FEI Number  
59-1350900

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAJOR, J. KENNETH  
1835 N.W. 54TH ST.  
MIAMI FL

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

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  
NAME BRADLEY, LOUISE S  
STREET ADDRESS 20760 N.W. 7TH AVENUE  
CITY-ST-ZIP MIAMI FL 33169

TITLE TD  
NAME WALKER, KATHLEEN D  
STREET ADDRESS 1490 N.E. 118TH TERRACE  
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE D  
NAME MCKINNEY, ALSTENE L.  
STREET ADDRESS 315 N.W. 131ST STREET  
CITY-ST-ZIP MIAMI FL 33168

TITLE D  
NAME JOHNSON, WHITTINGTON B.  
STREET ADDRESS 11021 SW 117TH ST  
CITY-ST-ZIP MIAMI FL

TITLE D  
NAME BRIDGES, EDWARD  
STREET ADDRESS 275 N.W. 44TH STREET  
CITY-ST-ZIP MIAMI FL

TITLE D  
NAME HALL, FRANK G  
STREET ADDRESS 1800 N.W. 121ST STREET  
CITY-ST-ZIP MIAMI FL 33167

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

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

3.1 TITLE S/D  
3.2 NAME POWELL, SANDRA  
3.3 STREET ADDRESS 1655 N.E. 115th Street #208  
3.4 CITY-ST-ZIP N. Miami, FL 33181

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP Miami, FL. 33176

5.1 TITLE D  
5.2 NAME PASCHAL, FLETCHER A.  
5.3 STREET ADDRESS 2975 N.W. 52nd Street  
5.4 CITY-ST-ZIP Miami, FL. 33142

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

Kathleen D. Walker

Date

July 20, 1996

Daytime Phone #

305-858-9524