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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737569** (4)

1. Corporation Name

CHURCH OF THE INCARNATION, INC.

Principal Place of Business

Mailing Address

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

**P.O. BOX 420050
MIAMI FL 33242-0050**



3. Date Incorporated or Qualified
12/17/1976

3a. Date of Last Report
07/30/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1350900

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

24

25

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

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

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

2.1 TITLE **TD** ☒ Change ☐ Addition
2.2 NAME **DONALD BUTLER**
2.3 STREET ADDRESS **5961 SW 63RD CT**
2.4 CITY - ST - ZIP **SOUTH MIAMI FL 33143**

TITLE **SD** ☐ DELETE
NAME **POWELL, SANDRA**
STREET ADDRESS **1655 NE 115TH STREET #208**
CITY - ST - ZIP **NORTH MIAMI FL**

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

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

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

TITLE **D** ☐ DELETE
NAME **PASCHAL, FLETCHER A**
STREET ADDRESS **2975 NW 52ND STREET**
CITY - ST - ZIP **MIAMI FL**

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

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

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: **DONALD BUTLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97
Date

305-633-2446
Daytime Phone # 0033942

CR2E037 (9/96)