2004 NOT FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 16, 2004 8:00 am Secretary of State DOCUMENT # 749473 1. Entity Name 04-16-2004 90120 025 ****61 25 MAGNOLIA PARK CHURCH OF CHRIST, INC. Principal Place of Business Mailing Address Sentanna 2037 NW 152ND ST 2037 NW 152ND ST OPA LOCKA FL 33054 US OPA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-2830945 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required . 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NORWOOD, JOHN Street Address (P.O. Box Number is Not Acceptable) 2451 NW 152 TERRACE OPA LOCKA FL 33054 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. \Box Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Change ☐ Addition TITLE Delete JOHNSON, EDMUND NAME NAME 1975 NW 151ST ST STREET ADDRESS STREET ADDRESS OPA LOCKA FL 33054 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE THORNTON, JOHNNY NAME NAME 15830 NW 28 COURT STREET ADDRESS STREET ADDRESS OPA LOCKA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE TITLE NORWOOD, JOHN D. NAME NAME 2451 N.W. 152 TERR. STREET ADDRESS STREET ADDRESS OPA LOCKA FL-CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE JOHNSON, HENRY NAME NAME 3441 NW 208TH ST STREET ADORESS STREET ADDRESS OPA LOCKA FL 33056 CITY-ST-ZIP CITY-ST-ZIP TO ELBERT L. YOUNG Change TITLE ☐ Delete TITLE ☐ Addition YOUNG, ELBERT NAME NAME 3285 FOXCROPT LD E 207 3295 FOXCROFT RD, E-207 STREET ADDRESS STREET ADDRESS MIRAMAR, P. 33026 MIRAMAR FL 33025 CITY-ST-ZIP CiTY-ST-ZiP TITLE ☐ Defete TITLE Change ☐ Addition MURPHY, JAMES NAME 19335 NW 56TH PL STREET ADDRESS STREET ADDRESS MIAMI FL 33055

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED