

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N30181** (4)

1. Corporation Name  
**NORTH MIAMI AVENUE CHURCH OF CHRIST**



Principal Place of Business: 14601 N.W. 2ND AVENUE MIAMI FL 33168  
Mailing Address: 14601 N.W. 2ND AVENUE MIAMI FL 33168

3. Date Incorporated or Qualified: 01/13/1989  
3a. Date of Last Report: 01/30/1995

2. Principal Place of Business: 21 13521 Memorial Highway  
2a. Mailing Address: 26 235 NW 153 street

4. FEI Number: 65-0078354  
Applied For: Not Applicable

22. Suite, Apt. #, etc.:  
23. City & State: Miami Fla  
27. Suite, Apt. #, etc.:  
28. City & State: Miami Fla

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

24. Zip: 33161  
25. Country: Dade  
29. Zip: 33169  
30. Country: Dade

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

9. Name and Address of Current Registered Agent  
FORD, VERNON E.  
14601 N.W. 2ND AVENUE  
MIAMI FL 33168

10. Name and Address of New Registered Agent  
81 Name: William R. Thyben  
82 Street Address (P.O. Box Number is Not Acceptable): 235 N.W. 153 street  
83  
84 City: Miami FL 85 Zip Code: 33169

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: William R. Thyben  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  
DATE: 2/11/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCLEOD, H.F.	
STREET ADDRESS	1831 NW 112 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LUCAS, DAVID A. (SR)	
STREET ADDRESS	5 NW 164 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	THYBEN, WILLIAM	
STREET ADDRESS	235 NW 153 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PRENTICE, RONALD	
STREET ADDRESS	10335 NW 5 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: David A. Lucas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 2-11-96  
Daytime Phone #: (305) 940-3004

CR2E037 (12/95)