


FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

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03-01-1999 90183 015 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47868

1. Corporation Name
THE MIAMI BEACH COMMUNITY CHURCH, INC.

Principal Place of Business 1620 DREXEL AVE. MIAMI BEACH FL 33139	Mailing Address 1620 DREXEL AVE. MIAMI BEACH FL 33139
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/12/1992
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1941684
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	30 Country
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

THOMPSON, GARTH
1620 DREXEL AVE.
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	Chairperson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKE, LEONE	1.2 NAME	Lake, Leone
STREET ADDRESS	10777 W. SAMPLE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	C <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARLSON, KARL	2.2 NAME	Brassington, Paul
STREET ADDRESS	14440 SW 81 AVE	2.3 STREET ADDRESS	1547 N.W. 7th Avenue
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33311
TITLE	VC <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEALY, MARCELLA	3.2 NAME	Sauls, Steve
STREET ADDRESS	1431 NE 102 STREET	3.3 STREET ADDRESS	1700 James Avenue
CITY-ST-ZIP	NORTH MIAMI FL	3.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYATT, ERVIN	4.2 NAME	Hernandez Robert
STREET ADDRESS	940 LINCOLN ROAD	4.3 STREET ADDRESS	10250 Collins Avenue #308
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	Bal Harbour, FL 33154 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPUTY, NEAL	5.2 NAME	
STREET ADDRESS	1620 DREXEL AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, ELAINE	6.2 NAME	Ogden, Andrew
STREET ADDRESS	570 W FLAGLER STREET	6.3 STREET ADDRESS	14800 SW238th Street
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Homestead, FL 33032

14. 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 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, with all other like empowered.

SIGNATURE: _____ DATE: **01 FEB 99** DAYTIME PHONE #: **305-538-9511**

CR2E037 (1/98)