

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 # N93000002623 (7)

1. Corporation Name

FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF
HOMESTEAD, INC.



Principal Place of Business

Mailing Address

1001 NORTHEAST KINGS HIGHWAY
HOMESTEAD FL 33030

1001 NORTHEAST KINGS HIGHWAY
HOMESTEAD FL 33030

3. Date Incorporated or Qualified
08/17/1956

3a. Date of Last Report
07/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AKERMAN, BARBARA J
1001 NORTHEAST KING HIGHWAY
HOMESTEAD FL 33030

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 ☐ DELETE

NAME D
CARPENTER, BEVERLY
STREET ADDRESS 8880 CARIBBEAN BLVD.
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME D
AKERMAN, JEAN
STREET ADDRESS 14925 SOUTHWEST 297TH TERRACE
CITY-ST-ZIP LEISURE CITY FL 33033

TITLE ☐ DELETE

NAME T
SIMMONS, PAMELA
STREET ADDRESS 805 NW 10TH ST
CITY-ST-ZIP HOMESTEAD FL

TITLE ☐ DELETE

NAME D
JORDAN, RUBY
STREET ADDRESS 1525 FLAMINGO COURT
CITY-ST-ZIP HOMESTEAD FL 33035

TITLE ☐ DELETE

NAME PD
MALLEY, THERESA
STREET ADDRESS 1521 FLAMINGO COURT
CITY-ST-ZIP HOMESTEAD FL 33035

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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:

Theresa B. Malley THERESA B. MALLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96
Date

552-3878
Daytime Phone #

CR2E037 (12/95)