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Jun 28, 1999 8:00 am
Secretary of State

06-28-1999 90004 009 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 701145 1. Corporation Name SOUTH DADE CHRISTIAN CHURCH, INC.		
Principal Place of Business 10850 QUAIL ROOST DR. MIAMI FL 33157 US	Mailing Address 10850 QUAIL ROOST DR. MIAMI FL 33157 US	

DEPARTMENT OF STATE



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/30/1960
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0424865
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
29	30	6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PASCHAL, CARL E 10850 QUAIL ROOST DRIVE MIAMI FL 33157	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	KINNAIRD, GENE	1.2 NAME	
STREET ADDRESS	9040 S W 97TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000 33176	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	MORALES, LUIS	2.2 NAME	
STREET ADDRESS	9270 OCEAN CURVE 7911 SW 152 TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000 33157	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	PASCHAL, CARL E	3.2 NAME	
STREET ADDRESS	20223 S.W. 103 AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	SHEPHERD, BRENT	4.2 NAME	
STREET ADDRESS	8805 S W 154TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: CARL E PASCHAL **CONCURRENCE REQUIRED** 6/23/99 305-238-
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #