

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # 701315**

1. Corporation Name

**GREATER MIAMI YOUTH FOR CHRIST INC**

Principal Place of Business

9350 SW 79TH AVENUE  
MIAMI FL 33156-7431

Mailing Address

PO BOX 561101  
MIAMI FL 33256  
US**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90142 004 \*\*\*\*61.25

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2. Principal Place of Business

21

Suite, Apt. #, etc.

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City &amp; State

27

Zip

Country

28

29

30

3. Date Incorporated or Qualified

08/15/1960

4. FEI Number

70-1315230 59-6033466

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BROWN, GARY D.  
9915 SW 73RD ST.  
MIAMI FL 33173

10. Name and Address of New Registered Agent

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

TITLE SD  
NAME THOMPSON, JOHN A JR  
STREET ADDRESS 7785 SW 156 STREET  
CITY-ST-ZIP MIAMI FL 33157 ☐ DELETETITLE CD  
NAME BROWN, GEORGE  
STREET ADDRESS 9221 SW 70TH ST  
CITY-ST-ZIP MIAMI FL 33173 ☐ DELETETITLE VD  
NAME BABCOCK, CALVIN H  
STREET ADDRESS 10105 SW 94 COURT  
CITY-ST-ZIP MIAMI FL 33176 ☐ DELETETITLE TD  
NAME BENGTON, STURE  
STREET ADDRESS 10820 SW 74 COURT  
CITY-ST-ZIP MIAMI FL 33156 ☐ DELETETITLE D  
NAME BROWN, GARY D.  
STREET ADDRESS 9915 SW 73 ST  
CITY-ST-ZIP MIAMI FL 33173 ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0035520

CR2E037 (11/98)