FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **702155** **(3)**

1. Corporation Name

CENTRAL CHRISTIAN CHURCH OF DADE COUNTY, FLORIDA ,INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
222 MENORES AVE CORAL GABLES FL 33134	222 MENORES AVE CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **03/16/1974**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1612313** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$60.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WILSON, CLAUDE S
5607 RIVIERA DRIVE
CORAL GABLES FL 33146

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 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	WHEELER, JOYCEANNE	1.2 NAME	GRIFFIN, S.D., JR.	
STREET ADDRESS	9100 SW 17 ST	1.3 STREET ADDRESS	105 N.W. 64 Avenue	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	Miami, Fl. 33126	
TITLE	VPD	2.1 TITLE		☐ Change ☐ Addition
NAME	TATHAM, THOMAS	2.2 NAME		
STREET ADDRESS	2085 SECOFFEE	2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	T/D	☐ Change ☒ Addition
NAME	MEADOWS, DAN	3.2 NAME	CAPOTE, JUAN C.	
STREET ADDRESS	620 SW 80 AVENUE	3.3 STREET ADDRESS	231 Mendoza Ave., Apt.7	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	Coral Gables, Fl. 33134	
TITLE	SD	4.1 TITLE	S/D	☐ Change ☒ Addition
NAME	GRIFFIN, S.D., JR	4.2 NAME	CLAUDE WILSON	
STREET ADDRESS	105 NW 64 AVE	4.3 STREET ADDRESS	5607 Riviera Drive	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Coral Gables, Fl. 33146	
TITLE	FSD	5.1 TITLE		☐ Change ☐ Addition
NAME	HARRISON, BETTY	5.2 NAME		
STREET ADDRESS	231 MENDOZA AVE.,APT.6	5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP		
TITLE	VPD	6.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, JAMES	6.2 NAME		
STREET ADDRESS	12811 SW 108 ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	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)(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.

SIGNATURE: _____ JUAN C. CAPOTE, Treasurer 4/19/95 305-443-3887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #