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 # 702155 (3)

1. Corporation Name

CENTRAL CHRISTIAN CHURCH OF DADE COUNTY, FLORIDA ,INC.

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: 04/24/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 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 Claude S. Wilson 4.17.96
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	PD	☒ DELETE	1.1 TITLE	PD.	☐ Change ☒ Addition
NAME	GRIFFIN, S. D JR.		1.2 NAME	GARY G HARRIS	
STREET ADDRESS	105 NW 64 AVENUE		1.3 STREET ADDRESS	231 Mendoza #8	
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP	Coral Gables, Fl.	
TITLE	VPD	☐ DELETE	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	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CAPOTE, JUAN C		3.2 NAME		
STREET ADDRESS	231 MENDOZA AVE., APT 7		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, CLAUDE		4.2 NAME		
STREET ADDRESS	5607 RIVIERA DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP		
TITLE	FSD	☐ DELETE	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	☒ DELETE	6.1 TITLE	VPD	☒ Change ☐ Addition
NAME	GRIFFIN, JAMES		6.2 NAME	GRIFFIN, S. D JR.	
STREET ADDRESS	12811 SW 108 ST		6.3 STREET ADDRESS	105 N.W. 64 Ave	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	Miami, Fl.	

CR2E037 (12/95)

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: Gary G Harris (GARY G. HARRIS) 4.17.96 305 442-9671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #