FILE NOW: FILING FEE IS $61.25

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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33134-3906

3. Date Incorporated or Qualified: 03/16/1974
3a. Date of Last Report: 04/29/1996

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~~ VirgieLee Shaw
~~5007 RIVIERA DRIVE~~ 3111 Anderson Road
~~CORAL GABLES FL 33146~~ Coral Gables, Fl 33134

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: VirgieLee Shaw
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	☐ Change ☐ Addition
NAME	GARY G. HARRIS		1.2 NAME	
STREET ADDRESS	231 MENDOZA #8		1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	
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 ✓	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	~~WILSON, CLAUDE~~ VirgieLee Shaw		3.2 NAME	
STREET ADDRESS	~~5007 RIVIERA DRIVE~~ 2111 Anderson Ave.		3.3 STREET ADDRESS	
CITY-ST-ZIP	~~CORAL GABLES FL~~ Coral Gables, Fl. 33134		3.4 CITY-ST-ZIP	
TITLE	FSD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HARRISON, BETTY		4.2 NAME	
STREET ADDRESS	231 MENDOZA AVE.,APT.6		4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, S.D. JR		5.2 NAME	
STREET ADDRESS	105 SW 64TH AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	800002077978 ☐ Change ☐ Addition
NAME			6.2 NAME	-02/05/97--01031--051
STREET ADDRESS			6.3 STREET ADDRESS	***61.25 VB 2-4
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: [illegible] REQUIRED 1.6.97 (305) 446-6132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027127