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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702155

1. Corporation Name

**CENTRAL CHRISTIAN CHURCH OF DADE COUNTY, FLORIDA
.INC.**

Principal Place of Business

**222 MENORES AVE
CORAL GABLES FL 33134**

Mailing Address

**222 MENORES AVE
CORAL GABLES FL 33134**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/16/1974

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**

9. Name and Address of Current Registered Agent

**SHAW, VIRGIE LEE
3111 ANDERSON ROAD
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

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 **PR 1st V/P/D** ☐ DELETE
NAME **GARY G. HARRIS**
STREET ADDRESS **231 MENDOZA #8**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **T** ☐ DELETE
NAME **KRAMER, OLIVER**
STREET ADDRESS **14680 S.W. 166TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **SD President/D** ☐ DELETE
NAME **SHAW, VIRGIE LEE**
STREET ADDRESS **3111 ANDERSON AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **FSD** ☐ DELETE
NAME **HARRISON, BETTY**
STREET ADDRESS **231 MENDOZA AVE.,APT.6**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **VP 2nd V/P/D** ☐ DELETE
NAME **GRIFFIN, S.D. JR**
STREET ADDRESS **105 SW 64TH AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **Corporate Sec.** ☐ DELETE
NAME **griffin, BARBARA**
STREET ADDRESS **105 sw 64th Ave**
CITY-ST-ZIP **Miami, Fl**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)