2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State
02-16-2004 90047 013 ****70.00

DOCUMENT # 702155

1. Entity 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

01102004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1612313 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHAW, VIRGIE LEE
3111 ANDERSON ROAD
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GARY G. HARRIS 231 MENDOZA #8 CORAL GABLES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FSD Gary G. Harris 231 Mendoza #8 Coral Gables, Fl 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NEGRON, LUIS 29611 SW 164TH COURT HOMESTEAD, FL 33033	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Coronado, Hugo 1503 Salzedo Coral Gables, Fl 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PEREZ, SILVIA 9427 FOUNTAINBLEU BLVD. #209 MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Perez, Silvia 33305 S.W. 105 Ave. Miami, Fl 33165	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FSD HARRISON, BETTY 231 MENDOZA AVE.,APT.6 CORAL GABLES, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Griffin, Barbara 8340 S.W. 48th Street Miami, Fl 33155	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RODRIGUEZ, TONY 15615 NW 12TH COURT PEMBROKE PINES, FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Tony Rodriguez 15615 NW 12th Court Pembroke Pines, Fl 33028	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FELIX, EDWARD 223 MENDOZA AVE. #1 CORAL GABLES, FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Orta, Pablo 5520 S.W. 55 St. Miami, Fl 33134	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ -Tony Rodriguez, PD - 2-9-04 (305) 446-6132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #