


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90050 046 \*\*\*\*61.25

<b>DOCUMENT # 702155</b>					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1612313	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHAW, VIRGIE LEE 3111 ANDERSON ROAD CORAL GABLES, FL 33134				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	FSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY G. HARRIS		NAME		
STREET ADDRESS	231 MENDOZA #8		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORONADO, HUGO		NAME	BURGOS, ELIEZER	
STREET ADDRESS	1503 SALZEDO		STREET ADDRESS	5044 S.W. 164 AVE.	
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP	MIRAMAR, FL 33027	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, SILVIA		NAME		
STREET ADDRESS	3330 SW 105 AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, BARBARA		NAME		
STREET ADDRESS	8340 SW 48TH ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, TONY		NAME		
STREET ADDRESS	15615 NW 12TH COURT		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORTA, PABLO		NAME	NILSA SANTOS	
STREET ADDRESS	5520 SW 5 ST.		STREET ADDRESS	12836 N.W.7 ST.	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	MIAMI, FL 33182	
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: <i>Gary G. Harris</i>		Date: 3-18-05		Daytime Phone #: (305) 446-6132	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40037505



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1612313 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Filing Fee is \$61.25 Due by May 1, 2005

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		
TITLE	FSD	<input type="checkbox"/> Delete
NAME	GARY G. HARRIS	
STREET ADDRESS	231 MENDOZA #8	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CORONADO, HUGO	
STREET ADDRESS	1503 SALZEDO	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	PEREZ, SILVIA	
STREET ADDRESS	3330 SW 105 AVE.	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRIFFIN, BARBARA	
STREET ADDRESS	8340 SW 48TH ST.	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, TONY	
STREET ADDRESS	15615 NW 12TH COURT	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ORTA, PABLO	
STREET ADDRESS	5520 SW 5 ST.	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURGOS, ELIEZER	
STREET ADDRESS	5044 S.W. 164 AVE.	
CITY-ST-ZIP	MIRAMAR, FL 33027	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NILSA SANTOS	
STREET ADDRESS	12836 N.W.7 ST.	
CITY-ST-ZIP	MIAMI, FL 33182	

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SIGNATURE: *Gary G. Harris* Date: 3-18-05 Daytime Phone #: (305) 446-6132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR