2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #702155 03-15-2006 90108 021 ****61.25 1. Entity Name CENTRAL CHRISTIAN CHURCH OF DADE COUNTY, FLORIDA, INC. Principal Place of Business Mailing Address 50002606 222 MENORES AVE 222 MENORES AVE CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 CR2E037 (11/05) City & State City & State 4. FEI Number Applied For 59-1612313 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAW, VIRGIE LEE 3111 ANDERSON ROAD Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33134 City 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 9. Election Campaign Financing Fillng Fee Is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. FSD TITLE Delete TITLE ☐ Change **Addition** NAME GARY G. HARRIS NAME ERASMO J. CRUZ STREET ADDRESS 231 MENDOZA #8 STREET ADDRESS 1901 SW 33 COURT CITY-ST-ZIP CORAL GABLES, FL CITY-ST-ZIP MIAMI, FL 33145 TITLE ☐ Delete TITLE ☐ Change ■ Addition BURGOS, ELIEZER NAME NAME STREET ADDRESS 5044 SW 164 AVE STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 CITY-ST-ZIP TITLE TITLE ☐ Delete 🕱 Change ☐ Addition PEREZ, SILVIA NAME NAME PEREZ, SILVIA STREET ADDRESS 3330 SW 105 AVE. STREET ADDRESS 3330 SW 105 AVE. CITY-ST-ZIP MIAMI, FL 33165 CITY-ST-7IP MIAMI, FL 33165 Delete TIT! F TITLE Change ■ Addition GRIFFIN, BARBARA NAME NAME STREET ADDRESS 8340 SW 48TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition RODRIGUEZ, TONY NAME NAME STREET ADDRESS 15615 NW 12TH COURT STREET ADDRESS CITY-ST-7/P PEMBROKE PINES, FL 33028 CITY-ST-ZIP TITLE TITLE ☐ Delete **M** Change ☐ Addition SANTOS, NILSA NAME SANTOS, NILSA 12836 NW 7 ST STREET ADDRESS STREET ADDRESS 12836 NW 7 ST MIAMI, FL 33182 CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33182

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Gary G. Harris 3/13/06 (305) 446-6132

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hay

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 15, 2006 8:00 am