


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90034 026 ****61.25

DOCUMENT # 702155					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02172008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1612313	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRUZ, ERASMO J		NAME	GENOVA, ANTHONY	
STREET ADDRESS	1901 SW #33 CT		STREET ADDRESS	290 MADEIRA AVE. APT. #2	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	V	<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	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	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESTO, MILAGROS		NAME		
STREET ADDRESS	6360 NW 114TH AVE #3235		STREET ADDRESS		
CITY-ST-ZIP	DORAL, FL 33178		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELIX, MARIBEL		NAME		
STREET ADDRESS	223 MENDOZA AVE #1		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Gary G. Harris - Gary G. Harris - FSD - 2-20-08 (305) 446-6132</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					