

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702432 (6)
1. Corporation Name
HOMESTEAD CHURCH OF CHRIST, INC.



Principal Place of Business 17700 SW 280 ST HOMESTEAD FL 33031-3309	Mailing Address 17700 SW 280 ST HOMESTEAD FL 33031-3309
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3. Date Incorporated or Qualified
05/15/1961

4. FEI Number
59-1195180

Applied For	Not Applicable
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2. Principal Place of Business 21. Suite, Apt. #, etc.	2a. Mailing Address 26. Suite, Apt. #, etc.
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

22. City & State	27. City & State
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6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23. Zip	25. Country	28. Zip	30. Country
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7. Is this nonprofit corporation a homeowners association?
 Yes No

24. Zip	25. Country	29. Zip	30. Country
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**HARRIS, H ROLAND
19240 SW 304 ST
HOMESTEAD FL 33030**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HARRIS, ROLAND	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19240 SW 304TH ST	1.2 NAME	
STREET ADDRESS	HOMESTEAD, FL 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD LEE, PAUL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	510 N.W. 21 ST	2.2 NAME	
STREET ADDRESS	HOMESTEAD FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD JACKSON, ANTHONY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14900 SW 297 ST.	3.2 NAME	
STREET ADDRESS	HOMESTEAD FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD FIELDS, TOM	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21701 S.W. 187 AVE.	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: H. Roland Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/98
Date

CR2E037 (10/97)