Amended.:

FILE NOW: FILING FEE IS \$61.25

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

NONPROFIT

CORPORATION

ANNUAL REPORT

FI	LEI)
Oct 01 19	998	8:00am
Secreta	ry o	of State

	CEAD CHURCH OF CHRIS			AMENDOMENT.	.
•	ce of Business	Mailing Address		AMEN BONZANI.	_
17700 SW 280th Street 17700 SW 280th Street Homestead, FL 38031-3309 Homestead, FL 33031-3309		3. Date Incorporated or Qualified 05/15/1961 4. FEI Number 59-1195180	Applied For		
	Place of Business	2a. Mailing Address	- 1447-	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & Stat	te	City & State		7. Is this nonprofit corporation a homeown Yes	ers association? No
Zip	Country	28 Zip	Country 30	This corporation owes or has paid the c Personal Property Tax due June 30.	
24	25 9. Name and Address of Curre	29 int Registered Agent	[30]	10. Name and Address of New Registere	
Craio	Pearce		81 Name		
_	SW 277 Street		62 Street Add	ress (P.O. Box Number is Not Acceptable)	
	tead, FL 33031		63		
			63		
	1	\bigcap	84 City	F	85 Zip Code
SIGNATURE	/ here	Thana		poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	7 V
12.		pert and title if applicable (NO ND DIRECTORS	TE Registered Agent signature requi	7 , 0	ND DIRECTORS IN 12
12. TITLE		port and title if applicable (NO ND DIRECTORS	13. 11 TITLE	ired when reinstating) DATE	
TITLE NAME	PD Pearce, Craig	pert and title if applicable (NO ND DIRECTORS DELETE NEW	13. 11 TITLE 12 NAME	ired when reinstating) DATE	ND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	PD Pearce, Craig 16700 SW 277 Stre	pert and fille if applicable (NO ND DIRECTORS DELETE NEW et	13. 11 TITLE 12 NAME 13 STREET ADDRESS	ired when reinstating) DATE	ND DIRECTORS IN 12
TITLE NAME	PD Pearce, Craig 16700 SW 277 Stre Homestead, FL 33	pert and fille if applicable (NO ND DIRECTORS DELETE NEW et	13. 11 TITLE 12 NAME	ired when reinstating) DATE	ND DIRECTORS IN 12
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I hereby certify that the information supplied with this filing does not quality for the exemption saled in Section 119.0/(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual reports 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 of the receiver or trusted 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 of an attachment with an address.

GNATURE: 9-12-98