

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3: 21

DOCUMENT # **706463** (7)

1. Corporation Name
MESSIAH EVANGELICAL LUTHERAN CHURCH OF DADE COUNTY, FLORIDA, INCORPORATED

Principal Place of Business Mailing Address
DADE COUNTY, FLORIDA, INCORPORATED **DADE COUNTY, FLORIDA, INCORPORATED**
9850 CORAL WAY **9850 CORAL WAY**
MIAMI FL 33165 **MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/22/1963** 3a. Date of Last Report **03/28/1994**
4. FEI Number **59-1374812** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
KOFINK, WAYNE A.
3561 SW 117TH AVE.
305
MIAMI FL 33165

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TAYLOR, RICHARD
STREET ADDRESS	11654 SW 53 PLACE
CITY - ST - ZIP	COOPER CITY FL
TITLE	D
NAME	KOFINK, WAYNE A
STREET ADDRESS	3561 SW 117TH AVE. # 305
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	SANDOVAL, DINORAH
STREET ADDRESS	14384 SW 159TH TERR.
CITY - ST - ZIP	MIAMI FL
TITLE	DV
NAME	MCDANIEL, HELEN
STREET ADDRESS	19800 SW 180 AVE LOT 153
CITY - ST - ZIP	MIAMI FL
TITLE	DT
NAME	TAYLOR, CHRISTINE
STREET ADDRESS	11654 SW 53 PLACE
CITY - ST - ZIP	COOPER CITY FL
TITLE	D
NAME	CARLSEN, MARIA
STREET ADDRESS	1460 SW 45 ST.
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Taylor, Richard	
1.3 STREET ADDRESS	11654 SW 53 Place	
1.4 CITY - ST - ZIP	Cooper City, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sandoval, Dinorah	
3.3 STREET ADDRESS	14384 SW 159 Terr.	
3.4 CITY - ST - ZIP	Miami, FL	
4.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Florence, Floyd	
4.3 STREET ADDRESS	430 SW 62 Ct.	
4.4 CITY - ST - ZIP	Miami, FL	
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Taylor, Christine	
5.3 STREET ADDRESS	11654 SW 53 Place	
5.4 CITY - ST - ZIP	Cooper City, FL	
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Brodbeck, Frances	
6.3 STREET ADDRESS	1030 SW 73 Ave	
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate to the best of my knowledge and belief, and that my name appears in Block 12 or (Block 13) if changed, or on an attachment with an address.

SIGNATURE: *Wayne A. Kofink* **Wayne A. Kofink** 305-221-8425
DATE: _____