


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706463

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

Principal Place of Business DADE COUNTY, FLORIDA, INCORPORATED 9850 CORAL WAY MIAMI FL 33165	Mailing Address DADE COUNTY, FLORIDA, INCORPORATED 9850 CORAL WAY MIAMI FL 33165
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/22/1963 4. FEI Number 59-1374812 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 <i>Taylor, Christine</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>11654 S.W. 53 PL</i> 83 84 City <i>Cooper</i> FL 85 Zip Code <i>33330</i>
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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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, RICHARD	1.2 NAME	
STREET ADDRESS	11654 SW 53 PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOFINK, WAYNE A	2.2 NAME	<i>D</i>
STREET ADDRESS	3561 SW 117TH AVE. # 305	2.3 STREET ADDRESS	<i>SURBAY, FRANCISCA</i>
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	<i>14564 S.W. 197 Terr Miami FL, 33177</i>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDOVAL, DINORAH	3.2 NAME	<i>D.S.</i>
STREET ADDRESS	14384 SW 159TH TERR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLORENCE, FLOYD	4.2 NAME	<i>DV Alfred Castro</i>
STREET ADDRESS	430 SW 62 CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, CHRISTINE	5.2 NAME	<i>DP</i>
STREET ADDRESS	11654 SW 53 PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	5.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODBECK, FRANCES	6.2 NAME	
STREET ADDRESS	1030 SW 73 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)