

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 708425 (4)  
1. Corporation Name

HARDING STREET CHURCH OF CHRIST, INC.



Principal Place of Business Mailing Address  
5828 HARDING STREET HOLLYWOOD FL 33021 5828 HARDING STREET HOLLYWOOD FL 33021-4521

3. Date Incorporated or Qualified 02/02/1965 3a. Date of Last Report 04/12/1996  
4. FEI Number 65-0025269 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  
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 Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORACE Y. MAGUIRE  
1821 N. 48TH AVE.  
HOLLYWOOD FL 33021

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

12. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | SD                  | <input type="checkbox"/> DELETE |
| NAME           | BLASINGIM, EDWIN    |                                 |
| STREET ADDRESS | 1160 NW 193 ST      |                                 |
| CITY-ST-ZIP    | MIAMI FL            |                                 |
| TITLE          | D                   | <input type="checkbox"/> DELETE |
| NAME           | CLAIBORNE, EDGAR    |                                 |
| STREET ADDRESS | 1761 NW 85TH WAY    |                                 |
| CITY-ST-ZIP    | PEMBROKE PINES FL   |                                 |
| TITLE          | PD                  | <input type="checkbox"/> DELETE |
| NAME           | RICHARDS, GEORGE L. |                                 |
| STREET ADDRESS | 10671 N.W. 20TH ST. |                                 |
| CITY-ST-ZIP    | PEMBROKE PINES FL   |                                 |
| TITLE          | T                   | <input type="checkbox"/> DELETE |
| NAME           | FOSSLER, EDWARD     |                                 |
| STREET ADDRESS | 9780 S.W. 55TH CT   |                                 |
| CITY-ST-ZIP    | FT LAUDERDALE FL    |                                 |
| TITLE          | VP                  | <input type="checkbox"/> DELETE |
| NAME           | EVANS, MELVIN       |                                 |
| STREET ADDRESS | 8501 S.W. 5TH ST    |                                 |
| CITY-ST-ZIP    | PEMBROKE PINES FL   |                                 |
| TITLE          |                     | <input type="checkbox"/> DELETE |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I do 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 a change, or on an attachment with an address.

CR2E037 (9/96)