

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 20 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 714034 (6)

1. Corporation Name

METROPOLITAN FELLOWSHIP OF CHURCHES OF SOUTHEAST
FLORIDA, INC.

Principal Place of Business

Mailing Address

16905 SW 80TH AVE
MIAMI FL 33157
US

16905 S W 80TH AVE
MIAMI FL 33157

3. Date Incorporated or Qualified
01/30/1968

3a. Date of Last Report
05/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

10301 Caribbean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

101

City & State

City & State

23

28

MIAMI, FL

Zip

Country

24

25

29

33189

Country

30

DADE

4. FEI Number
59-0720260

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSON, TOMMY REV.
10301 CARIBBEAN BLVD.
MIAMI FL 33189

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KOCK, CHARLES REV.
STREET ADDRESS 9831 S.W. 190 STREET
CITY-ST-ZIP MIAMI FL 33175 ☐ DELETE

TITLE VPD
NAME CORDERO, EDUARDO
STREET ADDRESS 824 W. PALM AVENUE
CITY-ST-ZIP FLORIDA CITY FL 33034 ☐ DELETE

TITLE SD
NAME TITUS, ROSE
STREET ADDRESS 14931 NW 27 AVENUE
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ DELETE

TITLE T
NAME GONZALEZ, MARTHA
STREET ADDRESS 16950 S.W. 90 AVENUE
CITY-ST-ZIP MIAMI FL 33157 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

600002221046-14
-06/24/97--01033--030
*****61.25 *****61.25

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 changed, or on an attachment with an address.

CR2E037 (9/96)