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	FILE NO	W. FILING FE	E 19 901.20		
	NPROFIT		FLORIDA DEPARTI	MENT OF STATE	Aug 07 1998 8:00ar
	RPORATION		Sandra B. i		
	JAL REPORT		Secretary		Secretary of State
	1998		DIVISION OF CO	HPURATIONS	
DOCUI	MENT #	4431	• • •		
Chur	ch of C	thrist.	writte	nin	
	Jen, 64	f Miam	11Inc	- 1)	700002612537 -08/11/9801029012
Principal Plac	e of Business	re Mailin	ng Address	/	***75.00
Mian	Vi Floric	ľ			3 Date Incorporated or Qualified
, ,,	110110	,,,,			4. FEI Number I Applied For
			Of the Addition		Not Applicable
27 6116	<u> </u>	2 26	ailing Address	<u>1.1715</u>	5. Certificate of Status Desired
Suite, Apt.	#, 6 1C.	27	uite, Apt. #, etc.		B. Election Campaign Financing Trust Fund Contribution Added to Fees
City & State	mi Flori	da 28 (C)	Miami Fl	rrida	7. Is this nonprofit corporation a homeowners association?
Žip 7	Country		2054	Country	8. This corporation owes or has paid the cultent year Intancible
24 (ろう) `		Yell (4 29 3 29 s of Current Registers	ed Agent	oranem	Personal Property Tax due June 30. The Polymon 10. Name and Address of New Registered Agent
Stev	1. El us	Barre	4+	81 Name	RISION HOURS BLOWN
610	Shara	r Aver	rue		Address (P.O. Box Number is Notate (label)
ppo	1-Lock	a 'Flor	ida	83 84 City	85 Zip Code (
11. Pursuant I	to the provisions of Section	ons 617.0502 and 617.1	1508, Florida Statutes,	the above-named	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I bereby accept the appointment as registered
agent. (a	familiar with, and acce	or the state of Florida's	ection 617.0503, Florid	la Statutes.	The Problem VP 1/2/00
SIGNATURE 🖣	Signature: Typed or prived name of	of registered agent and title if app		Registered Agent signature	o required when reinfailing) DATE DATE
12.	OF	FICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME			☐ DELETE	1.1 TITLE PD	Bishop Thumas Brown Change Addition
STREET ADDRESS			,	1.3 STREET ADDRESS	3020 N.W. 1718treet
CITY-ST-ZIP				1.4 CITY-ST-ZIP	Miami Florida 33054/
TITLE NAME			☐ DELETE	2.1 TITLE V D 2.2 NAME	Serdy Miller Change Addition
STREET ADDRESS				2.3 STREET ADDRESS	1202 N W50 8+
CITY-ST-ZIP			DELETE	2.4 CITY-ST-ZIP	Miami Florida 33142
TITLE NAME			- Desert	3.1 HILE 10(_1	11-0 11101 -
STREET ADDRESS				3.3 STREET ADDRESS	
CITY - ST - ZIP			ne:	3 4. CITY-ST-ZIP	Bichmond Height Morida
TITLE			☐ DELEŤE	4.1 TITLE SD	Poborah Miller Change MAddition
NAME STREET ADDRESS				4. 2 NAME 4.3 STREET ADDRESS	100× N.M. 26 84,
CITY-ST-ZIP				4.4 CITY - ST - ZIP	Miami Horida 33142
TITLE			DELETE	51 MLE TD	Rosa Robinson, Change Addition
NAME STREET ADDRESS				5.2 NAME	773 N.W. 49 St.
STREET AODRESS CITY+ST-ZIP				53 STREET ADDRESS 54 CITY-ST-ZIP	Miami Morida 33127
TITLE			DELETE	61 TITLE D	Dinkin Octor Change Addition
NAME				62 NAME	951N.W.4834 PE
STREET ADDRESS				63 STREET ADDRESS	1,100 0000000

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

SIGNATURE:

SIGNATURE