

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

APPROVED AND FILED

95 APR 26 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 714729 (1)
1. Corporation Name
MIAMI SHORES CHURCH OF CHRIST, INC.

Principal Place of Business Mailing Address
10275 NORTHEAST 2ND AVENUE MIAMI SHORES FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/07/1968 3a. Date of Last Report 08/17/1994

4. FEI Number 00-2740825 Applied For Not Applicable

2. Principal Place of Business 2b. Mailing Address

21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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 601(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

9. Name and Address of Current Registered Agent

WHITE, LAMONT W
4271 NW 191ST ST
CAROL CITY FL 33055

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 *Lamont W. White* DATE

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VINSON, MARK
STREET ADDRESS	118 NW 24TH ST
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	D
NAME	GIBSON, ERNEST
STREET ADDRESS	1572 NE 149TH ST
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	D
NAME	WHITE, LAMONT
STREET ADDRESS	4271 NW 191 STREET
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	SD
NAME	LOMBRAGE, ARCHANGE
STREET ADDRESS	11044 NE 4TH AVE
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	VD
NAME	FLORESTANT, DENIS
STREET ADDRESS	1240 NE 143RD ST
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GIPSON, EARNEST
2.3 STREET ADDRESS	5755 N.W. 32 RD AVE
2.4 CITY-ST-ZIP	MIAMI, FL 33142
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DT White, LAMONT
3.3 STREET ADDRESS	4271 N.W. 191 ST.
3.4 CITY-ST-ZIP	CAROL CITY, FL 33055
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 checked="" type="checkbox"/> Addition
6.2 NAME	D PALMER, FRANKLIN
6.3 STREET ADDRESS	102 N.E. 91 ST.
6.4 CITY-ST-ZIP	MIAMI, FL 33108

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 119.07(3)(k), 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 *Lamont W. White* DATE 1-305-624-1487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR