

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

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MIAMI SHORES FL 33138

3. Date Incorporated or Qualified
06/07/1968

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
00-2740825

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23

28

24

25

Country

29

Zip

30

Country

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

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

81 Name

EARNEST GIPSON

82 Street Address (P.O. Box Number is Not Acceptable)

1771 N.W. 94 st.

83

84 City Miami

FL

85 Zip Code 33147

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

Earnest Gipson

2-1-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VINSON, MARK	
STREET ADDRESS	418 NW 24TH ST.	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIPSON, EARNEST	
STREET ADDRESS	5755 NW 32ND AVE	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WHITE, LAMONT	
STREET ADDRESS	4271 NW 191 STREET	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOMBRAGE, ARCHANGE	
STREET ADDRESS	11044 NE 4TH AVE	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FLORESTANT, DENIS	
STREET ADDRESS	1240 NE 149RD ST	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALMER, FRANKLIN	
STREET ADDRESS	102 NE 91 STREET	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DENIS FLORESTANT	
13 STREET ADDRESS	1240 N.E. 143 st.	
14 CITY - ST - ZIP	MIAMI, FL. 33161	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	ELIAS RIVERA	
23 STREET ADDRESS	490 N.W. 120 st.	
24 CITY - ST - ZIP	MIAMI, FL. 33168	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	NORMAN WHITE	
53 STREET ADDRESS	12470 N.W. 10 ave.	
54 CITY - ST - ZIP	MIAMI, FL. 33168	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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* Feb. 1, 1996 305-624-1487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)