

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: 10275 NORTHEAST 2ND AVENUE MIAMI SHORES FL 33138
Mailing Address: 10275 NORTHEAST 2ND AVENUE MIAMI SHORES FL 33138

3. Date Incorporated or Qualified: 06/07/1968
3a. Date of Last Report: 04/26/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 00-2740825	Applied For: Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	29. Country		

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: **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* DATE: **2-1-96**
Signature, typed or printed name of registered agent (if title is applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: VINSON, MARK	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 418 NW 24TH ST.	CITY-ST-ZIP: MIAMI, FL 00000	
TITLE: D	NAME: GIPSON, EARNEST	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 5755 NW 92ND AVE	CITY-ST-ZIP: MIAMI, FL 00000	
TITLE: DT	NAME: WHITE, LAMONT	<input type="checkbox"/> DELETE
STREET ADDRESS: 4271 NW 191 STREET	CITY-ST-ZIP: MIAMI, FL 00000	
TITLE: SD	NAME: LOMBRAGE, ARCHANGE	<input type="checkbox"/> DELETE
STREET ADDRESS: 11044 NE 4TH AVE	CITY-ST-ZIP: MIAMI, FL 00000	
TITLE: VD	NAME: FLORESTANT, DENIS	<input type="checkbox"/> DELETE
STREET ADDRESS: 1240 NE 149RD ST	CITY-ST-ZIP: MIAMI, FL 00000	
TITLE: D	NAME: PALMER, FRANKLIN	<input type="checkbox"/> DELETE
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* DATE: **Feb. 1, 1996** DAYTIME PHONE: **305-624-1487**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)