

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33138-2343
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3. Date Incorporated or Qualified 06/07/1968	3a. Date of Last Report 02/08/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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4. FEI Number 00-2740825	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GIPSON, EARNEST
1771 NW 94 ST
MIAMI FL 33147**

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 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 *E. Gipson* Signature, typed or printed name of registered agent and title if applicable. **Earnest Gipson** (NOT: Registered Agent signature required when reinstating) **1/5/97** DATE

12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	FLORENTANT, DENIS		
STREET ADDRESS	1240 NE 143 ST		
CITY-ST-ZIP	MIAMI FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	RIVERA, ELIAS		
STREET ADDRESS	490 NW 120 ST		
CITY-ST-ZIP	MIAMI FL		
TITLE	DT	<input type="checkbox"/> DELETE	
NAME	WHITE, LAMONT		
STREET ADDRESS	4271 NW 191 STREET		
CITY-ST-ZIP	MIAMI, FL 00000		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	
NAME	LOMBRAGE, ARCHANGE		
STREET ADDRESS	11044 NE 4TH AVE		
CITY-ST-ZIP	MIAMI, FL 00000		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	
NAME	WHIE, NORMAN		
STREET ADDRESS	12470 NW 10 AVE		
CITY-ST-ZIP	MIAMI FL		
TITLE	D	<input checked="" 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			
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 type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	GIPSON, EARNEST		
4.3 STREET ADDRESS	1771 NW 94ST		
4.4 CITY-ST-ZIP	MIAMI FL		
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	WHITE, NORMAN		
5.3 STREET ADDRESS	12470 NW 10 AVE		
5.4 CITY-ST-ZIP	MIAMI FL		
6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6.2 NAME	Clarence Holder		
6.3 STREET ADDRESS	15627 N.W. 27 PL		
6.4 CITY-ST-ZIP	Miami FL 33054		

14. I do hereby certify that the information supplied with this filing does not qualify for 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]* Signature, typed or printed name of registered agent and title if applicable. **1/5/97** DATE

CR2E037 (9/96)