

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified

06/07/1968

4. FEI Number

00-2740825

Applied For

Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

6. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIPSON, EARNEST
1771 NW 94 ST
MIAMI FL 33147**

81 Name

DENIS FLORESTANT

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

14253 S.W. 107 PL.

83 City

MIAMI, FLA.

84 State

FL

33176

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

Denis Florestant

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FLORESTANT, 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	SO	<input type="checkbox"/> DELETE
NAME	GIPSON, EARNEST	
STREET ADDRESS	1771 NW 94 ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHITE, NORMAN	
STREET ADDRESS	12470 NW 10 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLDER, CLARENCE	
STREET ADDRESS	15627 NW 27 PL	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FLORESTANT, DENIS	
1.3 STREET ADDRESS	14253 S.W. 107 PL	
1.4 CITY-ST-ZIP	MIAMI, FLA.	
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		<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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Denis Florestant **DENIS FLORESTANT**

4/26/98

(305)-253-0106

CR2E037 (10/97)