


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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 DENIS FLORESTANT 82 Street Address (P.O. Box Number is Not Acceptable) 14253 S.W. 107 PL 83 City MIAMI, FLA. 84 City FL 85 Zip Code 33176
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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* DATE **4/26/98**

12. OFFICERS AND DIRECTORS	
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD FLORESTANT, Denis
STREET ADDRESS	14253 S.W. 107 PL
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** DATE **4/26/98** (305)-253-0106

CR2E037 (10/97)