

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

DOCUMENT # **717429** (5)

95 MAR -6 AM 11:16

1. Corporation Name

NORTH MIAMI CHRISTIAN CHURCH, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 405 NE 135TH ST N. MIAMI FL 33161	Mailing Address 405 NE 135TH ST N. MIAMI FL 33161
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/13/1969	3a. Date of Last Report 08/24/1994
4. FEI Number 59-1489674	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 SAME	2a. Mailing Address 26 SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22	City & State 27
Zip 23	Country 28
Country 24	Zip 29
Country 25	Zip 30

9. Name and Address of Current Registered Agent

**VOZZA, PASQUALE
14605 N. E. 2ND AVE.
14605 N.E. 2ND. AVENUE
N. MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name SAME	85 Zip Code FL
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	VOZZA, PASQUALE	1.1 TITLE SAME	☐ Change ☐ Addition
NAME	14605 NW 2ND AVE.	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE S	CONSUEGRA, MARY ELLEN	2.1 TITLE SAME	☐ Change ☐ Addition
NAME	160 N.W. 120 ST.	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE D	HARRICHARRAN, MADHO	3.1 TITLE SAME	☐ Change ☐ Addition
NAME	13825 N.E. 6TH AVE.	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE D	DURITY, LUCILLE	4.1 TITLE SAME	☐ Change ☐ Addition
NAME	1244 N.E. 81 TERR	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE DT	AUGUSTAVE, DIANNA	5.1 TITLE SAME	☐ Change ☐ Addition
NAME	13500 N.E. 3RD CT. #417	5.2 NAME	
STREET ADDRESS	NORTH MIAMI FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE DC	SZCZEPANSKI, RUSSEL	6.1 TITLE SAME	☐ Change ☐ Addition
NAME	2060 NE 173 ST.	6.2 NAME	
STREET ADDRESS	MIAMI FL	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(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:

PASQUALE VOZZA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 27 1995

944-4691