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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **717429** **(5)**

1. Corporation Name

NORTH MIAMI CHRISTIAN CHURCH, INC.

Principal Place of Business	Mailing Address
405 NE 135TH ST N. MIAMI FL 33161	405 NE 135TH ST N. MIAMI FL 33161-3722

3. Date Incorporated or Qualified: **10/13/1969**

3a. Date of Last Report: **05/16/1996**

2. Principal Place of Business
21 Same
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 Same
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **59-1489674** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

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
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 PASQUALE VOZZA 3-21-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VOZZA, PASQUALE		1.2 NAME		
STREET ADDRESS	14605 NW 2ND AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Same	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CONSUEGRA, MARY ELLEN		2.2 NAME		
STREET ADDRESS	160 N.W. 120 ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Same	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARRICHARRAN, MADHO		3.2 NAME		
STREET ADDRESS	13625 N.E. 6TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Same	
TITLE	D	☑ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	GHENT, JANICE		4.2 NAME	Bellitto, Gaetano	
STREET ADDRESS	16505 NE 2ND AVE.		4.3 STREET ADDRESS	360-190 ST.	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	GOLDEN SHORES FL. 33160	
TITLE	DT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEBBAD, SAMI		5.2 NAME		
STREET ADDRESS	19447 NW 28 PL.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	SAME	
TITLE	DC	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SZCZEPANSKI, RUSSEL		6.2 NAME		
STREET ADDRESS	2066 NE 173 ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	SAME	

CR2E037 (9/96)

14. I do 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: Pasquale Vozza 3-21-97 305-944-4691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0031647