

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 01, 2005
Secretary of State**

DOCUMENT# 720661

Entity Name: COCONUT GROVE CHURCH OF CHRIST, INC.

Current Principal Place of Business:

3345 DOUGLAS RD
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3345 DOUGLAS RD
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 05-0112578 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DIXON, DAVID
15372 W 142ND TERRACE
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, WILLIE F,
Address: 3171 LAMB CT
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: HOWARD, TYRONE,
Address: 1190 NW 91ST ST
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: DIXON, DAVID L.,
Address: 15372 SW 142ND TERRACE
City-St-Zip: MIAMI, FL

Title: VP () Delete
Name: MADDOX, WILLIAM
Address: 10870 S.W. 164TH STREET
City-St-Zip: MIAMI, FL

Title: T () Delete
Name: SLAUGHTER, CHARLES
Address: 15435 SW 108TH CT.
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. DIXON

SD

03/01/2005

Electronic Signature of Signing Officer or Director

Date