2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005
Secretary of State

DOCUMENT# 721584

Entity Name: HIALEAH CHURCH OF CHRIST

Current Principal Place of Business:

7700 W 20TH AVENUE
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

7700 W 20TH AVENUE
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 59-6014941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSMAN, L. MICHAEL
1474-A W. 84TH STREET
HIALEAH, FL 33014 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: P (X) Delete
Name: ALLEN, DEL
Address: 8255 W 18TH LANE ROAD
City-St-Zip: HIALEAH, FL 33014 US

Title: D/VP ( ) Delete
Name: BALL, ROBERT
Address: 7764 WEST 16 AVE.
City-St-Zip: HIALEAH, FL 33014 US

Title: D/VP ( ) Delete
Name: LEGG, MORRIS
Address: 5264 SW 93 AVE.
City-St-Zip: COOPER CITY, FL 33328 US

Title: DVPS ( ) Delete
Name: OSMAN, L. MICHAEL
Address: 1474-A W 84 STREET
City-St-Zip: HIALEAH, FL 33014 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P/D (X) Change ( ) Addition
Name: BALL, ROBERT DR.
Address: 7764 WEST 16 AVE.
City-St-Zip: HIALEAH, FL 33014 US

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: L. MICHAEL OSMAN VP 04/05/2005
Electronic Signature of Signing Officer or Director — Date