


FILE NOW: FILING FEE IS \$61.25

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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **722900** (8)  
1. Corporation Name  
**NORTH DADE COMMUNITY CHURCH, (REFORMED CHURCH IN AMERICA) INC.**

Principal Place of Business <b>700 N. W. 175TH STREET MIAMI FL 33169-4708</b>	Mailing Address <b>700 N. W. 175TH STREET MIAMI FL 33169-4708</b>
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3. Date Incorporated or Qualified <b>03/14/1972</b>	3a. Date of Last Report <b>12/11/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number <b>59-1457487</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**SLAGER, WILLIAM T REV.  
700 N.W. 175TH STREET  
MIAMI FL 33169-4708**

10. Name and Address of New Registered Agent

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

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

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	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLAGER, WILLIAM T REV.</b>	1.2 NAME	
STREET ADDRESS	<b>1900 ISLAND DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIRAMAR FL 33023</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOPEZ, GEORGE</b>	2.2 NAME	
STREET ADDRESS	<b>2401 OLEANDER STREET</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIRAMAR FL 33023</b>	2.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, MORINE</b>	3.2 NAME	
STREET ADDRESS	<b>3312 GARNETT ROAD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIRAMAR FL 33025</b>	3.4 CITY - ST - ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILMOUR, CHERYL</b>	4.2 NAME	
STREET ADDRESS	<b>20041 N.W. FIDE STREET</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PEMROKE PINES FL 33029</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EPHRAIM, CLARA</b>	5.2 NAME	
STREET ADDRESS	<b>1555 N.W. 116TH STREET</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33167</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TURNER, J.B.</b>	6.2 NAME	
STREET ADDRESS	<b>240 N.W. 201 AVENUE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIRAMAR FL 33029</b>	6.4 CITY - ST - ZIP	

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.

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