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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

Mailing Address

**700 N. W. 175TH STREET
MIAMI FL 33169-4708**

**700 N. W. 175TH STREET
MIAMI FL 33169-4708**

3. Date Incorporated or Qualified

03/14/1972

4. FEI Number

59-1457487

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
SLAGER, WILLIAM T REV.**
STREET ADDRESS **1900 ISLAND DRIVE**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☐ DELETE

NAME **VD
LOPEZ, GEORGE**
STREET ADDRESS **2401 OLEANDER STREET**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☒ DELETE

NAME **SD
THOMAS, MORINE**
STREET ADDRESS **3312 GARNETT ROAD**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE ☒ DELETE

NAME **T
GILMOUR, CHERYL**
STREET ADDRESS **20041 N.W. FIDE STREET**
CITY-ST-ZIP **PEMROKE PINES FL 33029**

TITLE ☐ DELETE

NAME **D
EPHRAIM, CLARA**
STREET ADDRESS **1555 N.W. 116TH STREET**
CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☐ DELETE

NAME **D
TURNER, J.B.**
STREET ADDRESS **240 N.W. 201 AVENUE**
CITY-ST-ZIP **MIRAMAR FL 33029**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D
BURTON, PAUL
131 NW 189 ST TERRACE
MIAMI FL 33169**

**D
HERNADEZ, EDWARD
3773 SW 41st Street
Hollywood, FL 33023**

14. I 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: **W. THOMAS SLAGER** *W. Thomas Slager*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-98 385-652-5433

Date

Daytime Phone #

CR2E037 (10/97)