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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 722900

1. Corporation Name

NORTH DADE COMMUNITY CHURCH, (REFORMED CHURCH IN AMERICA) INC.

Principal Place of Business

2. Principal Place of Business

21

Mailing Address

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

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

2a. Mailing Address

26

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90042 001 ****61.25

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3. Date Incorporated or Qualifed

03/14/1972

Sp.	Suite, Apt.	#, etc.	Suite	, Apt. #, etc.				4. PEI Number			App	lied For		
City & State Country Country State Country Sta	22		27				~	59-14574	37	ب ' ياسب	Not	Applicable		
Zip Country Zip Country Zip Country St. Dot Number is Financing St. Of New Added to F St. Number is Not Ad		ty & State City & State					5. Certificate of Status Desired			\$8.75 Additional Fee Required				
Added to F 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Street Address (P.O. Box Number is Not Acceptable) 14. City 15. FL 16. Street Address (P.O. Box Number is Not Acceptable) 15. Street Address (P.O. Box Number is Not Acceptable) 16. Name and Address of New Registered Agent 17. Pursuant to the provisions of Sections \$17.0502 and \$17.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 registance agent. I am familiar with, and accept the obligations of, Section \$17.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registance agent. I am familiar with, and accept the obligations of, Section \$17.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registance acceptable) 15. FL 16. Street Address (P.O. Box Number is Not Acceptable) 16. Street Address (P.O. Box Number is Not Acceptable) 17. City Policy Polic		Country		<u> </u>				6 Startion Con	naign Einencing		\$5.00	May Bo		
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SLAGER, WILLIAM T REV. 700 N.W. 175TH STREET MIAMI FL 33169-4708 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Cod office or registered agent, or both, in the State of Florida. Stack change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its recoffice 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 regist agents, or post of the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its recoffice or registered agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its recoffice 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 regist agents, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its recoffice or registered agent, or both, in the Statutes, the above-named corporation submits this statement for the purpose of changing its recoffice or registered agent, or both, in the Statutes, the above-named corporation submits this statement for the purpose of changing its recoffice or registered agent, or both, in the Statutes, the above-named corporation submits this statement for the purpose of changing its recoffice or registered agent, and the above-named corporation submits this statement for the purpose of changing its recoffice or registered agent, and the above-named corporation submits this statement for the purpose of changing its recoffice or registered agent, and the purpo	······································	5. Name and Address of Current	Kadistalan	Agent	Я	11	Name	Territoria de la companya de la comp				_		
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MAMI FL 33169-7/08 B4 City FL 55 Zip Code 55 Zi	700 N.W	175TH STREET			\ <u>_</u>									
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CITY-ST-ZIP MIRAMAR FL 33029 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information stated in Section 119.07(3)(1). Florida Statutes. I further certification in the section 119.07(3)(1). Florida Statutes. I further certification in the section 119.07(3)(1). Florida Statutes. I further certification in the section 119.07(3)(1). Florida Statutes. I further certification in the section 119.07(3)(1). Florida Statutes. I further certification in the section 119.07(3)(1). Florida Statutes. I further certification 119.07(3)(1). Florida Statutes. I fur	CITY-ST-ZIP	MIRAMAR FL 33029	NL1= F21 = 1		6.4 CITY	r-SI-A	ar I in C	<u>Miramar,</u>	FL :	33029	tifu that the i-	formation		

indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legar effect as it made under each that my name appears in officer or director of the corporation of 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, with all other like empowered.

DISCRE REREVIRVIDIAM T. Slager