

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724676 (2)
1. Corporation Name
THE SOUTH FLORIDA CHURCH OF CHRIST INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**14750 NW 77 CT
STE 125
MIAMI LAKES FL 33016
US** **14750 NW 77TH CT
STE 125
MIAMI LAKES FL 33016
US**

3. Date Incorporated or Qualified **10/30/1972** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2434239** Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**BOWEN, STEPHEN
1010 N.E. 204TH LANE
NORTH MIAMI FL 33179**

10. Name and Address of New Registered Agent
81. Name **Bowen, Stephen**
82. Street Address (P.O. Box Number is Not Acceptable) **14501 Harrie Place**
83.
84. City **Miami Lakes** 85. Zip Code **FL 33014**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when constituting) _____ DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME BOWEN, STEPHEN
STREET ADDRESS 1010 N.E. 204TH LANE
CITY-ST-ZIP NORTH MIAMI FL
TITLE D
NAME ALLISON, DANIEL
STREET ADDRESS 6429 COWPEN ROAD, APT. V213
CITY-ST-ZIP MIAMI LAKES FL
TITLE TD
NAME ANDA, JAIME
STREET ADDRESS 15220 DUNBARTON
CITY-ST-ZIP MIAMI LAKES FL
TITLE D
NAME TERRY, FALKER J
STREET ADDRESS 9408 NW 37TH T
CITY-ST-ZIP CORAL SPRINGS FL
TITLE D
NAME LAMB, PHILLIP
STREET ADDRESS 14501 HARRIS PLACE
CITY-ST-ZIP MIAMI LA
TITLE DS
NAME RUNGE, RICHARD
STREET ADDRESS 4100 N.W. 2ND STREET
CITY-ST-ZIP DELREY BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P/D Change Addition
1.2 NAME Bowen, Stephen
1.3 STREET ADDRESS 14501 Harrie Place
1.4 CITY-ST-ZIP Miami Lakes, FL 33014
2.1 TITLE O/V Change Addition
2.2 NAME Allison, Daniel
2.3 STREET ADDRESS 7630 N.W. 11th Place
2.4 CITY-ST-ZIP Plantation, FL 33322
3.1 TITLE O/S Change Addition
3.2 NAME De Anda, Jaime
3.3 STREET ADDRESS 13366 E. 48th Trail S.
3.4 CITY-ST-ZIP Delray Beach, FL 33445
4.1 TITLE O Change Addition
4.2 NAME Folker, Terry
4.3 STREET ADDRESS 9406 N.W. 37th Court
4.4 CITY-ST-ZIP Coral Springs, FL 33065
5.1 TITLE O Change Addition
5.2 NAME Giamberba, Andrew
5.3 STREET ADDRESS 11020 S.W. 124th Road
5.4 CITY-ST-ZIP Miami, FL 33065
6.1 TITLE T Change Addition
6.2 NAME Hasler, James
6.3 STREET ADDRESS 675 Ives Dairy Road, #418-1
6.4 CITY-ST-ZIP Miami, FL 33179

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *James A. Hasler* James A. Hasler April 26, 1995 (305)558-3210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #