

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 724676 (2)**

1. Corporation Name

**THE SOUTH FLORIDA CHURCH OF CHRIST INC.**

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  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOWEN, STEPHEN  
14501 HARRIS PLACE  
MIAMI LAKES FL 33014**

81 Name

**Bowen, Stephen**

82 Street Address (P.O. Box Number is Not Acceptable)

**4040 S.W. 72nd Way**

83

84 City

**Davie,**

**FL**

85 Zip Code  
**33314**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
BOWEN, STEPHEN  
14501 HARRIS PLACE  
NORTH MIAMI LAKES FL**

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
**P/D  
Bowen, Stephen  
4040 S.W. 72nd Way  
Davie, FL 33314**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DV  
ALLISON, DANIEL  
7630 NW 11TH PLACE  
PLANTATION FL**

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
**D  
Allison, Daniel  
3484 Pine Haven Circle  
Boca Raton, FL 33431**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DS  
DE ANDA, JAIME  
13366 E 48TH TRAIL S  
DELRAY BEACH FL**

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
FOLKER, TERRY  
9406 NW 37TH T  
CORAL SPRINGS FL**

☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
**DT  
Deam, Ann  
535 Palermo Avenue  
Coral Gables, FL 33134**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
GIAMBARBA, ANDREW  
11020 SW 124TH ROAD  
MIAMI FL**

☒ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
**D  
Moyers, Bart  
9966 9th Court  
Plantation, FL 33324**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
HASLER, JAMES  
675 IVES DAIRY ROAD, 418-1  
MIAMI FL**

☒ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 119.07(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:

*Jaime De Anda*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jaime De Anda April 3, 1996 558-3210**

Date

Daytime Phone #

CR2E037 (12/95)