


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 724676 (2)**  
1. Corporation Name  
**THE SOUTH FLORIDA CHURCH OF CHRIST INC.**



Principal Place of Business <b>14750 NW 77 CT STE 125 MIAMI LAKES FL 33016 US</b>	Mailing Address <b>14750 NW 77TH CT STE 125 MIAMI LAKES FL 33016 US</b>
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3. Date Incorporated or Qualified <b>10/30/1972</b>	
4. FEI Number <b>59-2434239</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**HASLER, JAMES  
7656 N.W. 192ND STREET  
MIAMI FL 33015**

10. Name and Address of New Registered Agent

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

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <del>DAVE HYMEL</del>	
STREET ADDRESS <del>1710 N.E. 46th STREET</del>	
CITY-ST-ZIP <del>OAKLAND PARK, FL 33334</del>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>ALLISON, DANIEL</b>	
STREET ADDRESS <b>3484 PINE HAVEN CIR</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE
NAME <b>DE ANDA, JAIME</b>	
STREET ADDRESS <b>21926 TOWN PLACE DRIVE</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>	
TITLE <b>DV</b>	<input type="checkbox"/> DELETE
NAME <b>DEAM, ANN</b>	
STREET ADDRESS <b>835 PALERMO AVE</b>	
CITY-ST-ZIP <b>CORAL GABLES FL</b>	
TITLE <del>DP</del>	<input type="checkbox"/> DELETE
NAME <del>ANTHONY BATTLE</del>	
STREET ADDRESS <del>10110 SW 108th STREET</del>	
CITY-ST-ZIP <del>MIAMI, FL 33176</del>	
TITLE <b>TSD</b>	<input type="checkbox"/> DELETE
NAME <b>HASLER, JAMES</b>	
STREET ADDRESS <b>7656 N.W. 192ND ST</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>DAVE HYMEL</b>	
1.3 STREET ADDRESS <b>1710 N.E. 46th STREET</b>	
1.4 CITY-ST-ZIP <b>OAKLAND PARK, FL 33334</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>ANTHONY BATTLE</b>	
5.3 STREET ADDRESS <b>10110 SW 108th STREET</b>	
5.4 CITY-ST-ZIP <b>MIAMI, FL 33176</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: \_\_\_\_\_

CP2E037 (10/97)