


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90120 005 \*\*\*\*70.00

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| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 724676**  
 1. Corporation Name  
**THE SOUTH FLORIDA CHURCH OF CHRIST, INC.**

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| Principal Place of Business<br>14750 NW 77 CT<br>STE 125<br>MIAMI LAKES FL 33016<br>US | Mailing Address<br>14750 NW 77 CT<br>STE 125<br>MIAMI LAKES FL 33016<br>US |
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|   |  |   |                             |                               |
|---|--|---|-----------------------------|-------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 3. Date Incorporated or Qualified<br>10/30/1972 | 4. FEI Number<br>59-2434239 | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                |  | \$8.75 Additional Fee Required                  |                             |                               |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                     |  | \$5.00 May Be Added to Fees                     |                             |                               |

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|---|--|
| 9. Name and Address of Current Registered Agent<br><b>HASLER, JAMES</b><br>14750 NW 77 CT<br>STE 125<br>MIAMI LAKES, FL 33016 | 10. Name and Address of New Registered Agent<br>81 Name <i>Mary J. Hattaway</i><br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83 <i>Same</i><br>84 City <i>Same</i> 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 *Mary J. Hattaway* DATE 3/6/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |   |
|---|--|---|---|
| TITLE <input checked="" type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HYMEL, DAVE</b><br>1710 NE 46TH STREET<br>OAKLAND PARK FL 33334 | 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <b>S.</b><br><b>Mary Hattaway</b><br>5900 SW 89th Lane<br>Cape Coral, FL 33928  |
| TITLE <input checked="" type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ALLISON, DANIEL</b><br>3089 N.W. 29TH AVENUE<br>BOCA RATON FL   | 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <b>T</b><br><b>Tom Kuhn</b><br>7708 Oakboro Drive<br>Lake Worth, FL 33467   |
| TITLE <input checked="" type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP</b><br><b>DE ANDA, JAIME</b><br>2715 N.W. 26TH STREET<br>BOCA RATON FL   | 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <b>DP</b><br><b>John Brash</b><br>14740 SW 79th Court<br>Miami, FL 33158  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <b>DV</b><br><b>DEAM, ANN</b><br>535 PALERMO AVE<br>CORAL GABLES FL            | 4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <b>D.</b><br><b>Jorge Garcia-Sengoches</b><br>Fujiyama No. 67, Colonia Los Aguilas<br>Mexico City, D.F., Mexico 01710 |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <b>DP</b><br><b>BATTLE, ANTHONY</b><br>10110 SW 108TH STREET<br>MIAMI FL 33176 | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP            |   |
| TITLE <input checked="" type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TSD</b><br><b>HASLER, JAMES</b><br>7856 N.W. 192ND ST<br>MIAMI FL           | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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, with all other like empowered.

SIGNATURE: *Mary J. Hattaway* DATE: 3/6/99 DAYTIME PHONE #: 305 558 3210  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)