

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

FILED
Apr 24, 1996 08:00 AM
Secretary of State

DOCUMENT # **726566** (3)
1. Corporation Name
SHENANDOAH PRESBYTERIAN CHURCH IN AMERICA, INC.



Principal Place of Business Mailing Address
2150 S.W. 8TH STREET MIAMI FL 33135

3. Date Incorporated or Qualified **05/31/1973** 3a. Date of Last Report **04/17/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-0737909** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 Country 29 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUARLES, JULIAN M, JR
5948 S W 73RD STREET
SOUTH MIAMI FL 33143

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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 _____ (NOTE: Registered Agent signature required when not stating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEKS, CARL V.	1.2 NAME	MEEKS, CARL V.
STREET ADDRESS	7301 SW 35 ST	1.3 STREET ADDRESS	7301 S.W. 35 St.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33155
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, GLENN L	2.2 NAME	KING, GLENN L
STREET ADDRESS	12400 SW 109 AVE	2.3 STREET ADDRESS	12400 S.W. 109 AVE
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYLER, HOWARD A.	3.2 NAME	TYLER, HOWARD A.
STREET ADDRESS	3250 S.W. 58 CT.	3.3 STREET ADDRESS	3250 S.W. 58 CT.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33155
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, PETER R	4.2 NAME	MARTIN, PETER R
STREET ADDRESS	12421 SW 106 TERR	4.3 STREET ADDRESS	12421 S.W. 106 TERR
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, MRS. SAM	5.2 NAME	HAMILTON, MRS. SAM
STREET ADDRESS	4210 ANDERSON RD	5.3 STREET ADDRESS	4210 ANDERSON RD
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *C. Meeks* **C.V. Meeks** 4/16/96 305 264 8054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)