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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90082 039 ****70.00

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 731802

1. Corporation Name
GOULDS CHURCH OF CHRIST, INC.

Principal Place of Business
 22800 SW 112 AVE
 GOULDS FL 33170
 US

Mailing Address
 PO BOX 97-0447
 MIAMI FL 33197



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21		26		01/30/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0502034	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOLLOWAY, AARON 15622 S.W. 105 AVE. MIAMI FL 33157				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12,	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOTEN, LEONARD C	1.2 NAME	HOLLOWAY, AARON
STREET ADDRESS	14849 SW 164 TERRACE	1.3 STREET ADDRESS	15622 S.W. 105 AVE.
CITY-ST-ZIP	MIAMI FL 33187	1.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY, AARON	2.2 NAME	WOOTEN, LEONARD C
STREET ADDRESS	15622 S.W. 105 AVE.	2.3 STREET ADDRESS	14849 S.W. 164 TERR.
CITY-ST-ZIP	MIAMI FL 33157	2.4 CITY-ST-ZIP	MIAMI, FL 33187
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODING, EDWARD II	3.2 NAME	
STREET ADDRESS	18014 S.W. 89 PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, JOSEPH	4.2 NAME	HOYE, MARVIN R
STREET ADDRESS	13372 SW 256 TERRACE	4.3 STREET ADDRESS	25901 S.W. 130 Ave.
CITY-ST-ZIP	MIAMI FL 33032	4.4 CITY-ST-ZIP	MIAMI, FL 33032
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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 _____ DATE 4/16/99 305-253-6122

0080643 CR2E037 (1/98)