

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

95 APR -6 AM 6:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 746825 (9)**

1. Corporation Name

**CORAL PARK CHURCH OF CHRIST, INC.**

Principal Place of Business

Mailing Address

**C/O KELLY, DRYE AND WARREN  
95 NE 96TH ST  
MIAMI SHORES FL 33138  
US**

**C/O RONALD WALKER  
95 NE 96TH ST  
MIAMI SHORES FL 33138  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/20/1979** 3a. Date of Last Report **02/21/1994**

4. FEI Number **59-1903041** Applied For  Not Applicable

5. Certificate of Status Desired  **\$0.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**ALLEN, EVIT L  
168 NW 103RD ST  
MIAMI FL 33138**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD WALKER, RONALD E.</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>95 NE 96TH ST</b>	1.2 NAME	
STREET ADDRESS	<b>MIAMI SHORES FL</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	<b>MIAMI SHORES FL 33138-2123</b>
TITLE	<b>TSD JONES, CLARENCE</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>225 NW 128TH ST</b>	2.2 NAME	
STREET ADDRESS	<b>MIAMI, FL 00000</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<b>VD ALLEN, EVIT</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>168 NW 103RD STREET</b>	3.2 NAME	
STREET ADDRESS	<b>MIAMI, FL 00000</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>33138</b>
TITLE	<b>VD ALLEN, ANDRES</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>150 NW 69TH ST</b>	4.2 NAME	<b>VD ALLEN, ANDREN</b>
STREET ADDRESS	<b>MIAMI FL</b>	4.3 STREET ADDRESS	<b>150 N.W. 69th ST</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE		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		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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Ronald E. Walker*

**RONALD E. WALKER**

**4/3/95**

**(305) 759-5717**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

License #

CONTINUE