

**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

DOCUMENT # 746825 (9)

1. Corporation Name  
**CORAL PARK CHURCH OF CHRIST, INC.**



Principal Place of Business: C/O KELLY, DRYE AND WARREN, 95 NE 96TH ST, MIAMI SHORES FL 33138 US  
Mailing Address: C/O RONALD WALKER, 95 NE 96TH ST, MIAMI SHORES FL 33138 US

3. Date Incorporated or Qualified: 04/20/1979  
3a. Date of Last Report: 04/06/1995  
4. FEI Number: 59-1903041  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 C/o Ronald Walker  
Suite, Apt. #, etc.  
22 75 NE 96th Street  
City & State  
23 Miami Shores FL  
Zip  
24 33138  
Country  
25 US

10. Name and Address of New Registered Agent  
81 Name: Allen, Evt L.  
82 Street Address (P.O. Box Number is Not Acceptable): 166 NW 103rd St.  
83  
84 City: Miami Shores FL  
85 Zip Code: 33150

9. Name and Address of Current Registered Agent  
ALLEN, EVT L  
166 NW 103RD ST  
MIAMI FL 33138

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	PD	<input type="checkbox"/> DELETE
NAME	WALKER, RONALD E.	
STREET ADDRESS	95 NE 96TH ST	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	JONES, CLARENCE	
STREET ADDRESS	225 NW 128TH ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALLEN, EVT	
STREET ADDRESS	166 NW 103RD STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALLEN, ANDREW	
STREET ADDRESS	150 NW 69TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Walker, Ronald E.	
1.3 STREET ADDRESS	95 NE 96th Street	
1.4 CITY-ST-ZIP	Miami Shores, FL 33138	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Allen, Evt	
3.3 STREET ADDRESS	166 NW 103rd Street	
3.4 CITY-ST-ZIP	Miami Shores FL 33150	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: Ronald E. Walker 4/12/96 (305) 759-5717  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)