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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 749473 (5)

1. Corporation Name
MAGNOLIA PARK CHURCH OF CHRIST, INC.



Principal Place of Business Mailing Address

2037 NW 152 ST OPA LOCKA FL 33054 US **2037 NW 152ND STREET OPA LOCKA FL 33054 US**

3. Date Incorporated or Qualified
10/23/1979

4. FEI Number **59-2830945** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 **2037 N.W. 152 ST.** 26 **2037 N.W. 152 ST**

Suite, Apt. #, etc. Suite, Apt. #, etc.

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

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

22 City & State 27 City & State

OPA LOCKA FL **OPA LOCKA, FL**

7. Is this nonprofit corporation a homeowners association? Yes No

23 Zip 25 Country 28 Zip 30 Country

33054 **33054**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

NORWOOD, JOHN
2451 NW 152 TERRACE
OPA LOCKA FL 33054

10. Name and Address of New Registered Agent

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EADY, FLEMON	
STREET ADDRESS	2028 GRANT AVENUE	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THORNTON, JOHNNY	
STREET ADDRESS	15830 NW 28 COURT	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NORWOOD, JOHN D.	
STREET ADDRESS	2451 N.W. 152 TERR.	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WOODS, WINSTON	
STREET ADDRESS	15860 N.W. 158 ST., RD.	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETTWAY, WALTER L	
STREET ADDRESS	1671 N.W. 153RD ST	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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.

SIGNATURE: *John D Norwood* 1/16/98 (305) 949-7843

CR2E037 (10/97)