

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$67.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 749473

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

Principal Place of Business: 2037 NW 152 ST, OPA LOCKA FL 33054 US
 Mailing Address: 2037 NW 52 ST, OPA LOCKA FL 33054 US



TS STATEMENT 09-00

2. Principal Place of Business: 2037 NW 152nd ST
 2a. Mailing Address: 2037 NW 152nd ST
 23. City & State: OPA-LOCKA, FL
 24. Zip: 83054
 27. City & State: OPA-LOCKA
 28. Zip: 33054

3. Date Incorporated or Qualified: 10/23/1979
 4. FEI Number: 59-2830945
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

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, 83, 84 City, 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: John D. Norwood
 DATE: 7/13/00

12. OFFICERS AND DIRECTORS
 PD EADY, FLEMON, 2028 GRANT AVENUE, OPA LOCKA FL
 VD THORNTON, JOHNNY, 15830 NW 28 COURT, OPA LOCKA FL
 SD NORWOOD, JOHN D., 2451 N.W. 152 TERR., OPA LOCKA FL
 TD WOODS, WINSTON, 15660 N.W. 158 ST., RD., OPA LOCKA FL
 D PETTWAY, WALTER L., 1671 N.W. 153RD ST, OPA LOCKA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP

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 *****297.50 *****297.50

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: John D. Norwood
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/08/00 (305) 681-2995
 Date Daytime Phone #

CR2E037 (5/99)