

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **760204** (8)
1. Corporation Name
GRACE CHURCH OF THE FIRST BORN OF MIAMI, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**14800 N.E. 16 AVE.
P.O. BOX 640353
N. MIAMI BEACH FL 33161
US** **P.O. BOX 640353
N. MIAMI FL 33164
US**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **09/28/1981** 3a. Date of Last Report **04/04/1994**
4. FEI Number **59-2147290** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 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

9. Name and Address of Current Registered Agent

**BERKELL & BERKELL-RAFFERTY, P.A.
18100 N.E. 18TH AVENUE
NORTH MIAMI BEACH FL 33162**

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 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 reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HAFENDEN, CLINTON E.
STREET ADDRESS	17600 NW 5 AVE, APT 903
CITY - ST - ZIP	MIAMI, FLORIDA 00000
TITLE	PD
NAME	EDWARDS, SIGISMUND C.
STREET ADDRESS	7838 JUMPER STR
CITY - ST - ZIP	MIRAMAR FL
TITLE	VSD
NAME	MCKENZIE, LUTHER L.
STREET ADDRESS	4000 NW 195 STR
CITY - ST - ZIP	MIAMI, FLORIDA 0
TITLE	TD
NAME	SPAULDING, RUPERT H.
STREET ADDRESS	180 N.E. 184TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	BECKFORD, ELSWORTH
STREET ADDRESS	20795 NW MIAMI CT
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	MOODIE, RICHARD O
STREET ADDRESS	1795 NW 185TH TERRACE
CITY - ST - ZIP	MIAMI FL

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GARY A. HOFFENDEN
3.3 STREET ADDRESS	17600 N.W. 5th AVE #903
3.4 CITY - ST - ZIP	MIAMI, FL. 33169
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gloria Hemming
5.3 STREET ADDRESS	20085 NW 12 Place
5.4 CITY - ST - ZIP	MIA. FL 33169
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ROLYN P. PALMER
6.3 STREET ADDRESS	4321 NW 12 St
6.4 CITY - ST - ZIP	LAUDERHILL FL 33313

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: **Rupert Spaulding** (Treasurer) **4/10/95** **305-947-1963**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee \$