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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

TITLE

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NAME STREET ADDRESS

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CITY-ST-ZIP

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CH RIS

G. JORDAN

MIAMI LAKES FL 380141

15495 EAQUE NOST LANE BIOD

(9)

NORTH DADE PRESBYTERIAN CHURCH, INC.

Principal Place of Business Mailing Address 15485 EAGLE NEST LANE 15485 EAGLE NEST LANE #210 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014-2222 3. Date Incorporated or Qualified 04/12/1982 3a. Date of Last Report 10/07/1996 US 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2204291 26 Not Applicable 21 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JORDAN, CHRIS B Street Address (P.O. Box Number is Not Acceptable) 15485 EAGLE NEST LANE 83 #210 MIAMI LAKES FL 33014 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 7005/DEN Change Addition 1.1 TITLE TITLE UPLINGER, CHARLES NAME 1.2 NAME 17511 NW 12 ST. 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE VICE PRESIDENT FONDRIEST, T. DARYL NAME 2.2 NAME 5540 SW 109 AVE STREET ADDRESS 2.3 STREET ADDRESS DAVIE FL 2 4 City - St - ZiF CITY-ST-ZIP Change

***61.25 64 CITY-ST-ZIP 14. I do 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

31 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE 5.2 NAME

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

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32 NAME 33 STREE ADDRESS

4.3 STREET ADDRESS

53 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

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Jun 19 1997 8:00am

Secretary of State