


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90114 001 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762863**

1. Corporation Name  
**NORTH DADE PRESBYTERIAN CHURCH, INC.**

Principal Place of Business <b>15495 EAGLE NEST LANE</b> <b>#100</b> <b>MIAMI LAKES FL 33014</b> <b>US</b>	Mailing Address <b>15495 EAGLE NEST LANE</b> <b>#100</b> <b>MIAMI LAKES FL 33014</b> <b>US</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>04/12/1982</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2204291</b> Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

**9. Name and Address of Current Registered Agent**

**JORDAN, CHRIS B**  
**15485 EAGLE NEST LANE**  
**#210**  
**MIAMI LAKES FL 33014**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>UPLINGER, CHARLES</b>		1.2 NAME <b>LUIS ALVARADO</b>	
STREET ADDRESS <b>17511 NW 12 ST.</b>		1.3 STREET ADDRESS <b>4185 SW 148 TERR.</b>	
CITY-ST-ZIP <b>PEMBROKE PINES FL</b>		1.4 CITY-ST-ZIP <b>MIRAMAR, FL 33027</b>	
TITLE <b>DVP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FONDRIEST, T. DARYL</b>		2.2 NAME <b>BILL SPANGLER</b>	
STREET ADDRESS <b>5540 SW 109 AVE</b>		2.3 STREET ADDRESS <b>16328 NW 9 DRIVE</b>	
CITY-ST-ZIP <b>DAVIE FL</b>		2.4 CITY-ST-ZIP <b>PEMBROKE PINES, FL 33028</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JORDAN, CHRIS B</b>		3.2 NAME	
STREET ADDRESS <b>15495 EAGLE NEST LANE #100</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI LAKES FL 33014</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

*Director/Treasurer 4/30/99 305-820-0716*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)