

**CORPORATION
ANNUAL REPORT
1995**

Michael R. Swann
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767729 (7)
1. Corporation Name
THE GREATER MIAMI CHURCH OF CHRIST, INC.

FILED
95 APR 26 AM 11:02
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**8030 NW 185 TERR.
HIALEAH FL 33015**

Mailing Address
**8030 NW 185 TERR.
HIALEAH FL 33015**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/01/1983

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2481660

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

2. Principal Place of Business

2a. Mailing Address
7700 W 20th AVE

21. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

22. City & State
Hialeah, FL

23. City & State
Hialeah, FL

24. Zip
33016

25. Country

29. Zip
33016

30. Country
DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARCIA, EDUARDO
8030 NW 185TH TERR
HIALEAH FL 33015**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code
FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	NESTOR, ARAMAYO
STREET ADDRESS	6744 N.E. 192ND LANE
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	GARCIA, EDUARDO
STREET ADDRESS	8030 N.W. 185 TERRACE
CITY - ST - ZIP	MIAMI FL
TITLE	VSD
NAME	FLORES, ANTONIO
STREET ADDRESS	3535 S.W. 143 CT.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	121 OCEAN DR. # A-105
3.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139
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 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *EdUARDO Garcia*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

APR 15-95 557-9325

DATE (Type in Full) (Type in Full)