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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Jan 23 1997 8:00am

Secretary of State

1996 1074

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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CITY-ST-71P

SIGNATURE: V

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THE GREATER MIAM! CHURCH OF CHRIST, INC.

Principal Place of Business Mailing Address 7700 W 20TH AVENUE 9030 NW 185 TERR HIALEAH FL 33016-1859 HIALEAH FL 33015 3. Date Incorporated or Qualified 3a. Date of Last Report 04/01/1983 03/14/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 2010 59-248 1660 7700 21 Not Applicable Suite, 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 HIBLUAL 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199,032, ZiD Country Zip DADE 33016 24 29 Florida Statutes Yes No 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GARCIA, EDWARDO 82 Street Address (P.O. Box Number is Not Acceptable) 8030 NW 185TH TERR 83 HIALEAH FL 33015 84 City 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 ble if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 11 TITLE THILE **NESTOR, ARAMAYO** 1.2 NAME NAME 6744 N.E. 192ND LANE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY - ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE GARCIA, EDUARDO 2.2 NAME NAME 8030 N.W. 185 TERRACE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY - ST - 7/P DELETE ☐ Change ___ Addition TITLE VSD 3.1 TITLE FLORES, ANTONIO 3.2 NAME NAME 121 OCEAN DRIVE #A-105 STREET ADDRESS 3.3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 3.4. CITY - ST-ZIP Change DELETE Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 44 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-71P 5 4 CITY-ST-7IP DELETE ☐ Change Addition 6.1 TITLE DILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR