2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N00000007244

Entity Name: NORTHWEST DADE CHURCH OF CHRIST, INC.

Current Principal Place of Business:

3994 NW 167TH STREET
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

3994 NW 167TH STREET
MIAMI, FL 33054

New Mailing Address:

FEI Number: 65-1045487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTER, JAMES
21395 N.W. 9TH COURT #203
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	PHILLIPS, SR., SAMUEL K	
Address:	709 N.W. 47TH ST.	
City-St-Zip:	POMPANO BEACH, FL 33064	
Title:	VD	( ) Delete
Name:	WILLIAMS, EDDIE	
Address:	18808 N.W. 52ND COURT	
City-St-Zip:	OPA LOCKA, FL 33055	
Title:	SD	( ) Delete
Name:	CARTER, JAMES	
Address:	21395 N.W. 9TH COURT, #203	
City-St-Zip:	MIAMI, FL 33169	
Title:	TD	( ) Delete
Name:	HICKMAN, DWAYNE SR.	
Address:	20104 N.W. 27 CIRCLE	
City-St-Zip:	OPA LOCKA, FL 33056	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL K. PHILLIPS, SR. PD 04/29/2005

Electronic Signature of Signing Officer or Director — Date