

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N01392 (2)**  
1. Corporation Name  
**THE FAMILY CHRISTIAN ASSOCIATION OF AMERICA, INC**



Principal Place of Business: **9190 BISCAYNE BLVD STE 202 MIAMI FL 33138 US**  
Mailing Address: **9190 BISCAYNE BLVD STE 202 MIAMI FL 33138 US**

3. Date Incorporated or Qualified: **02/09/1984**  
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>59-2371125</b>	Not Applicable
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>WILLIAMS, HERMAN K. 218 NE 199 TERRACE MIAMI FL 33179</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 85. 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMILTON JR., PHIL</b>	1.2 NAME	<b>EWELL, ARCIE D.</b>
STREET ADDRESS	<b>450 NW 88 ST</b>	1.3 STREET ADDRESS	<b>12935 S.W. 109th Court</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>Miami, FL 33176</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WASHINGTON, LYNN C.</b>	2.2 NAME	<b>ADDERLY, T. C. JR.</b>
STREET ADDRESS	<b>580 NE 59 STREET</b>	2.3 STREET ADDRESS	<b>18850 N.W. 14 Ave. Road</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>Miami, FL 33169</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MYERS, PHYLLIS</b>	3.2 NAME	<b>JAMES, DAVID C.</b>
STREET ADDRESS	<b>1645 NW 131 ST.</b>	3.3 STREET ADDRESS	<b>740 S.W. 94 Terrace</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>Pembroke Pines, FL 33025</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUFFIE, ESSIE COLEMAN</b>	4.2 NAME	
STREET ADDRESS	<b>195 NE 160 ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33162</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAY, CLAUDIA</b>	5.2 NAME	<b>GONZALEZ, WENDY C.</b>
STREET ADDRESS	<b>3400 NW 10 AVENUE</b>	5.3 STREET ADDRESS	<b>1110 N.W. 202 Street</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	<b>Miami, FL 33169</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, HERMAN K.</b>	6.2 NAME	
STREET ADDRESS	<b>218 NE 199 TERR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Herman K. Williams* **Herman K. Williams, President/CEO** 1/25/96 (305) 757-4464  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)