


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90026 027 ****70.00

DOCUMENT # N04000007263	
1. Entity Name MIAMI CHRISTIAN COMMUNITY CHURCH, INC.	

Principal Place of Business 15664 SW 99 AVE MIAMI, FL 33157-1715	Mailing Address 15664 SW 99 AVE MIAMI, FL 33157-1715
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60000574

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01032006 Chg-NP CR2E037 (11/05)

4. FEI Number 80-0117979		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MARQUEZ, JOSE M 782 NW LEJEUNE ROAD STE 548 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name MARQUEZ, JOSE M. Street Address (P.O. Box Number is Not Acceptable) 6303 BLUE LAGOON DR. SUITE 390 City MIAMI FL Zip Code 33126-6005

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SWINDOLL, ORVILLE E <input type="checkbox"/> Delete 15664 SW 99 AVE MIAMI, FL 33157-1715	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DUO, EDUARDO N <input type="checkbox"/> Delete 9890 PALMETTO CLUB DR MIAMI, FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DV DUO, EDUARDO N. 3166 NW 94 PLACE DORAL, FL 33172-1044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ARIAS, FRANCO M <input type="checkbox"/> Delete 12251 SW 114 TERRACE MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DT ARIAS, FRANCO M. 12251 SW 114 TERRACE MIAMI, FL 33186-5003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FORSBERG, DAVID R <input type="checkbox"/> Delete 4802 NW 116 AVE MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DS FORSBERG, DAVID R. 4802 NW 116 AVE MIAMI, FL 33178-4834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D DUCASA, ERMA L. 9890 PALMETTO CLUB DR. MIAMI, FL 33157-1731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Orville E. Swindoll **ORVILLE E. SWINDOLL** **JAN 5, 2006** **305.251-9031**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #