

**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 # N18876 (5)**  
1. Corporation Name  
**WAYSIDE BAPTIST CHURCH OF KENDALL, INC.**



*FLW*

Principal Place of Business <b>% STEPHEN L HILLS 7701 SW 98TH ST MIAMI FL 33156-2634</b>	Mailing Address <b>% STEPHEN L HILLS 7701 SW 98TH ST MIAMI FL 33156-2634</b>
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3. Date Incorporated or Qualified <b>01/22/1987</b>	3a. Date of Last Report <b>03/21/1995</b>
4. FEI Number <b>59-0864593</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>HILLS, STEPHEN L 7701 SW 98TH STREET MIAMI FL 33156</b>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)		
83	84 City		
	FL	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KILLINGSWORTH, J.R.</b>		1.2 NAME <b>JOE MOKHER SR</b>	
STREET ADDRESS <b>7701 S.W. 98TH ST.</b>		1.3 STREET ADDRESS <b>6455 SW 147ST</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		1.4 CITY-ST-ZIP <b>MIAMI FL 33158</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MORRISON, TOMMY C</b>		2.2 NAME <b>ROW COGGINS</b>	
STREET ADDRESS <b>9955 SW 142 ST</b>		2.3 STREET ADDRESS <b>12066 SW 73 ADE</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		2.4 CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HILLS, STEPHEN L</b>		3.2 NAME <b>ARMANDO VAZQUEZ</b>	
STREET ADDRESS <b>7701 SW 98TH ST</b>		3.3 STREET ADDRESS <b>5001 SW 96 AVE</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		3.4 CITY-ST-ZIP <b>MIAMI FL 33165</b>	
TITLE <b>BA</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WILLIAMS, LESLIE W</b>		4.2 NAME	
STREET ADDRESS <b>7701 SW 98 ST</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Stephen L Hills* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone: # \_\_\_\_\_

CR2E037 (12/95)