


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N23830 (5)
1. Corporation Name
FAITH COMMUNITY CHURCH OF MIAMI, INC.



| | |
|--|--|
| Principal Place of Business 13824 S.W. 142ND AVENUE MIAMI FL 33186 | Mailing Address 13824 S.W. 142ND AVENUE MIAMI FL 33186 |
|--|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/11/1987 | |
| 4. FEI Number 65-0032341 | Applied For <input type="checkbox"/> Not Applicable |

| | |
|---|---|
| 2. Principal Place of Business 21 12316 SW 72 ST Suite, Apt. #, etc. | 2a. Mailing Address 26 P.O. Box 960505 Suite, Apt. #, etc. |
| 22 City & State 23 Miami FL | 27 City & State 28 Miami FL |
| 24 Zip 33183 | 25 Country |
| 29 Zip 33296-0505 | 30 Country |

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**SCULTHORPE, CRAIG
12431 SW 106 TERR
MIAMI FL 33186**

10. Name and Address of New Registered Agent

| | | |
|---|-----------------------|-----------------------------|
| 81 Name Frank Vann | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 13360-D SW 89 Terrace | | |
| 83 | | |
| 84 City Miami | 85 State FL | 86 Zip Code 33186 |

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 *Frank Vann* **Frank Vann** DATE **4/28/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|-----------------------------|--|
| TITLE PD | SCULTHORPE, CRAIG | <input checked="" type="checkbox"/> DELETE |
| NAME | 12431 SW 106 TERR | |
| STREET ADDRESS | MIAMI FL | |
| CITY-ST-ZIP | | |
| TITLE VD | DELFAVERO, EDWARD | <input checked="" type="checkbox"/> DELETE |
| NAME | 11019 S.W. 147 CT. | |
| STREET ADDRESS | MIAMI FL | |
| CITY-ST-ZIP | | |
| TITLE STD | VANN, FRANK | <input type="checkbox"/> DELETE |
| NAME | 13360D SW 89 TERRACE | |
| STREET ADDRESS | MIAMI FL | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|-----------------------------|--|
| 1.1 TITLE President / PD | Alfred Mattern | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | 6464 SW 104 ST. | |
| 1.3 STREET ADDRESS | Miami FL 33156 | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE VP / PD | Charles Veverka, Jr. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | 5330 SW 98 CT. | |
| 2.3 STREET ADDRESS | Miami FL 33165 | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I 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: *Frank Vann* **Frank Vann** DATE **4/28/98** (305) 253-7779

CR2E037 (10/97)