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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N23830

1. Corporation Name

FAITH COMMUNITY CHURCH OF MIAMI, INC.

Principal Place of Business

12316 S W 72 ST
 MIAMI FL 33183
 US

Mailing Address

P O BOX 960505
 MIAMI FL 33296-505
 US



2. Principal Place of Business

21 **70 MIAMI SUNSET SQ HIGH**

Suite, Apt. #, etc.

22 **13125 SW 72 ST**

City & State

23 **MIAMI FL**

Zip

24 **33183**

Country

25 **USA**

2a. Mailing Address

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

12/11/1987

4. FEI Number

65-0032341

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

VANN, FRANK
 13360-D S W 89TH TERR
 MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name **CHARLES R. VEVERKA**

82 Street Address (P.O. Box Number is Not Acceptable)

5330 SW 98 CT.

83

84 City **MIAMI**

FL

85 Zip Code

33165

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 *Charles R. Veverka*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** DELETE
 NAME **MATTERN, ALFRED**
 STREET ADDRESS **6464 S W 104 ST**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **VPD** DELETE
 NAME **VEVERKA, CHARLES J**
 STREET ADDRESS **5330 S W 98TH CT**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE **STD** DELETE
 NAME **VANN, FRANK**
 STREET ADDRESS **13360D SW 89 TERRACE**
 CITY-ST-ZIP **MIAMI FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE **S/T/D** Change Addition
 3.2 NAME **CHARLES R. VEVERKA**
 3.3 STREET ADDRESS **5330 SW 98 CT**
 3.4 CITY-ST-ZIP **MIAMI FL 33165**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *Charles R. Veverka* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99
 DATE

305 216 3774
 Daytime Phone #

CR2E037 (1/198)