

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N27706** (3)
1. Corporation Name
OVERTOWN CHURCH OF CHRIST, INC.



| | |
|---|--|
| Principal Place of Business 185 N.W. 14TH STREET MIAMI FL 33136 | Mailing Address 185 N.W. 14TH STREET MIAMI FL 33136-2622 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/03/1988 | 3a. Date of Last Report 02/02/1996 |
| 4. FEI Number 65-0070819 | Applied For Not Applicable |
| 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 |
| 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|---|-------------|-------------|
| 21. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 22. Mailing Address Suite, Apt. #, etc. City & State Zip | 23. Country | 24. Country |
|---|---|-------------|-------------|

9. Name and Address of Current Registered Agent
**SHANKS, DAVID
185 N.W. 14TH STREET
MIAMI FL 33136**

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 617.1508, 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

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SHANKS, DAVID | |
| STREET ADDRESS | 25 N.E. 156TH STREET | |
| CITY-ST-ZIP | NORTH MIAMI FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | DASSAW, JAMES | |
| STREET ADDRESS | 19631 N.W. SEVENTH AVE. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BRINSON, MARCUS A. | |
| STREET ADDRESS | 18781 N.W. 79 COURT | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | WALKER, ROOSEVELT | |
| STREET ADDRESS | 2230 SERVICE ROAD | |
| CITY-ST-ZIP | OPA LOCKA FL | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 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 do 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: *David Shanks* 1-12-1997 305-940-0799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029182

CR2E037 (9/96)