FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30 1997 8:00am
Secretary of State

DOCUMENT # N30181

1. Corporation Name
North Miami Avenue Church of Christ

Principal Place of Business: 13521 Memorial Hwy. Miami Fla 33161

Mailing Address: 235 NW 153 street Miami Fla 33169

3. Date Incorporated or Qualified: 1-13-89
3a. Date of Last Report: 2-21-96

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 5 NW 164 street
27 Suite, Apt. #, etc. NA
28 City & State Miami Fla
29 Zip 33168
30 Country Dade

4. FEI Number 65-0078354 — 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
William R. Thyben
235 N.W. 153 street
Miami Fla 33168

10. Name and Address of New Registered Agent
81 Name Joseph Dorvil
82 Street Address (P.O. Box Number is Not Acceptable) 1645 N.W. 129 street
83
84 City North Miami FL 85 Zip Code 33168

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 Joseph Dorvil T/D — Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE 4/27/97

12. OFFICERS AND DIRECTORS

TITLE	P/D ☐ DELETE
NAME	H.F. McLeod
STREET ADDRESS	1831 N.W. 112 Terrace
CITY-ST-ZIP	Pembroke Pines Fla 33026
TITLE	S/D ☐ DELETE
NAME	David A Lucas (Sr)
STREET ADDRESS	5 N.W. 164 street
CITY-ST-ZIP	Miami Fla 33168
TITLE	T/D ☐ DELETE
NAME	William Thyben
STREET ADDRESS	235 N.W. 153 street
CITY-ST-ZIP	Miami Fla 33169
TITLE	V/D ☐ DELETE
NAME	Ronald Prentice
STREET ADDRESS	10335 N.W. 5 AVE.
CITY-ST-ZIP	Miami Fla 33150
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	T/D ☑ Change ☑ Addition
3.2 NAME	Joseph Dorvil
3.3 STREET ADDRESS	1645 N.W. 129 street
3.4 CITY-ST-ZIP	North Miami Fla 33168
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	

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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 A Lucas (Sr) S/D — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: David A. Lucas (SR) — Date 4-25-97 — Daytime Phone # 305 9403004