


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 30 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30181
 1. Corporation Name
 North Miami Avenue
 Church of Christ

Principal Place of Business Mailing Address
 13521 Memorial Hwy. 235 NW 153 street
 Miami Fla 33161 Miami Fla 33169

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

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

4. FEI Number	Applied For
65-0078354	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 Joseph Dorvil 4/27/97
 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	H.F. McLeod	
STREET ADDRESS	1831 N.W. 112 Terrace	
CITY-ST-ZIP	Pembroke Pines Fla 33026	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	David A Lucas (Sr)	
STREET ADDRESS	5 N.W. 164 street	
CITY-ST-ZIP	Miami Fla 33168	
TITLE	T/D	<input checked="" type="checkbox"/> DELETE
NAME	William Thyben	
STREET ADDRESS	235 N.W. 153 street	
CITY-ST-ZIP	Miami Fla 33169	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	Ronald Prentice	
STREET ADDRESS	10335 N.W. 5 AVE.	
CITY-ST-ZIP	Miami Fla 33150	
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T/D Joseph Dorvil
3.3 STREET ADDRESS	1645 N.W. 129 street
3.4 CITY-ST-ZIP	North Miami Fla 33168
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 checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	200002163942
5.4 CITY-ST-ZIP	-05/02/97--01100--028
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	***61.25
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 A. Lucas (Sr) S/D 4-25-97 305 940 3004
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/96)