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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30181** (4)
1. Corporation Name

NORTH MIAMI AVENUE CHURCH OF CHRIST

Principal Place of Business	Mailing Address
13521 MEMORIAL HWY MIAMI FL 33161 US	5 NW 164TH STREET MIAMI FL 33168 US

3. Date Incorporated or Qualified

01/13/1989

4. FEI Number

65-0078354

Applied For

Not Applicable

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

6. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DORVIL, JOSEPH
1845 N.W. 129TH STREET
MIAMI FL 33168**

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

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	PD	<input type="checkbox"/> DELETE
NAME	MCLEOD, H.F.	
STREET ADDRESS	1831 NW 112 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LUCAS, DAVID A. (SR)	
STREET ADDRESS	5 NW 164 ST.	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DORVIL, JOSEPH	
STREET ADDRESS	1845 N.W. 129TH STREET	
CITY-ST-ZIP	NO. MIAMI FL 33168	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PRENTICE, RONALD	
STREET ADDRESS	10335 NW 5 AVE	
CITY-ST-ZIP	MIAMI FL 33150	
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	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRENTICE, RONALD	
1.3 STREET ADDRESS	10335 NW 5 AVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33150	
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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVID LUCAS JR.	
4.3 STREET ADDRESS	5 NW 164 STREET	
4.4 CITY-ST-ZIP	MIAMI, FL 33168	
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:

David Lucas Jr. (SD)

3-26-98 305 940 3004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)