

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>13521 MEMORIAL HWY MIAMI FL 33161 US</b>	Mailing Address <b>5 NW 164TH STREET MIAMI FL 33168 US</b>
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3. Date Incorporated or Qualified  
**01/13/1989**

4. FEI Number <b>65-0078354</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

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

**DORVIL, JOSEPH  
1645 N.W. 129TH STREET  
MIAMI FL 33168**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	1645 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	pb	<input checked="" 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)