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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90131 020 \*\*\*\*61.25

DOCUMENT # N30181

1. Corporation Name

NORTH MIAMI AVENUE CHURCH OF CHRIST

Principal Place of Business

13521 MEMORIAL HWY  
MIAMI FL 33161  
US

Mailing Address

5 NW 164TH STREET  
MIAMI FL 33168  
US

140232 - 90131 - 20



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/13/1989

4. FEI Number

65-0078354

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

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  
NAME MCLEOD, H.F.  
STREET ADDRESS 1831 NW 112 TERRACE  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE SD  
NAME LUCAS, DAVID A. (SR)  
STREET ADDRESS 5 NW 164 ST.  
CITY-ST-ZIP MIAMI FL 33168

TITLE TD  
NAME DORVIL, JOSEPH  
STREET ADDRESS 1645 N.W. 129TH STREET  
CITY-ST-ZIP NO. MIAMI FL 33168

TITLE PD  
NAME PRENTICE, RONALD  
STREET ADDRESS 10335 NW 5 AVE  
CITY-ST-ZIP MIAMI FL 33150

TITLE VD  
NAME LUCAS, DAVID J  
STREET ADDRESS 5 NW 164 ST  
CITY-ST-ZIP MIAMI FL 33168

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SD 1-31-99

305-940-3004

Date

Daytime Phone #

CR2E037 (1/98)