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UAS3004

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N30181

1. Corporation Name

NORTH MIAMI AVENUE CHURCH OF CHRIST

140232 90131 20

Principal Place of Business

Mailing Address

13521 MEMORIAL HWY
MIAMI FL 33161
US

5 NW 164TH STREET
MIAMI FL 33168
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

01/13/1989

22 City & State

27 City & State

4. FEI Number
65-0078354

Applied For
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DORVIL, JOSEPH
1645 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

~~DELETE~~

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 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 Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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:

David Lucas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: SD 1-31-99

DAYTIME PHONE #: 305-940-3004

CR2E037 (1/198)