

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N39260** (7)  
1. Corporation Name  
**CHRIST METROPOLITAN COMMUNITY CHURCH OF MIAMI, INC.**



Principal Place of Business: **7701 SW 76TH AVE MIAMI FL 33143**  
Mailing Address: **7701 SW 76TH AVE MIAMI FL 33143**

3. Date Incorporated or Qualified: **07/30/1990**  
3a. Date of Last Report: **08/24/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: <b>23-7094353</b>	Applied For: <input type="checkbox"/>	Not Applicable: <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>LINCOLN, ARTHUR 5432 SW 62ND AVE. MIAMI FL 33155</b>		81. Name		
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83.		
		84. City	<b>FL</b>	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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>DP</b>	NAME: <b>NIKOLAUS, MICHAEL (REV.)</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <b>898 NE 160TH ST.</b>	CITY-ST-ZIP: <b>N. MIAMI BEACH FL 33162</b>	1.2 NAME	<b>Mario Martinez (Board of Directors)</b>
TITLE: <b>D</b>	NAME: <b>SLACK, BARRY K (Board of Directors)</b> <input type="checkbox"/> DELETE	1.3 STREET ADDRESS	<b>7640 S.W. 64th St.</b>
STREET ADDRESS: <b>3550 AVOCADO AVE.</b>	CITY-ST-ZIP: <b>COCONU GROVE FL 33133</b>	1.4 CITY-ST-ZIP	<b>Miami, FL 33145</b>
TITLE: <b>T</b>	NAME: <b>RUGGIERO, DOREEN (Board of Directors)</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>9760 THANKSGIVING DR.</b>	CITY-ST-ZIP: <b>MIAMI FL 33157</b>	2.2 NAME	
TITLE: <b>D</b>	NAME: <b>REED, KATY</b> <input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS	
STREET ADDRESS: <b>6775 SW 51ST STREET</b>	CITY-ST-ZIP: <b>MIAMI FL 33155</b>	2.4 CITY-ST-ZIP	
TITLE:	NAME: <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME	
TITLE:	NAME: <input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP	
TITLE:	NAME: <input type="checkbox"/> DELETE	4.1 TITLE	<b>100001890581</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME	<b>-07/11/96--01016--038</b>
TITLE:	NAME: <input type="checkbox"/> DELETE	4.3 STREET ADDRESS	<b>***61.25</b>
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP	
TITLE:	NAME: <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME	
TITLE:	NAME: <input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP	
TITLE:	NAME: <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME	
TITLE:	NAME: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Doreen Ruggiero* **6/13/96** **545-4300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)