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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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, I NC.



Principal Place of Business: 7701 SW 76TH AVE MIAMI FL 33143
Mailing Address: 7701 SW 76TH AVE MIAMI FL 33143-4125

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields.

3. Date Incorporated or Qualified: 07/30/1990
3a. Date of Last Report: 07/10/1996
4. FEI Number: 23-7094353
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
LINCOLN, ARTHUR
5432 SW 82ND AVE.
MIAMI FL 33155

10. Name and Address of New Registered Agent
81 Name: Rev. JERRY L. Seay
82 Street Address (P.O. Box Number is Not Acceptable): 7701 SW 76 AVENUE
83
84 City: MIAMI FL 85 Zip Code: 33143

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: *Rev. Jerry L. Seay* DATE: 4/27/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, MARIO	1.2 NAME	
STREET ADDRESS	7640 S.W. 64TH CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLACK, BARRY K	2.2 NAME	
STREET ADDRESS	3550 AVOCADO AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONU GROVE FL 33133	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUGGIERO, DOREEN	3.2 NAME	
STREET ADDRESS	9780 THANKSGIVING DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Mario</i>	4.2 NAME	Mario Roth
STREET ADDRESS		4.3 STREET ADDRESS	9233 SW 149 Place
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33196
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Katy Reed
STREET ADDRESS		5.3 STREET ADDRESS	6775 SW 51 STREET
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33155
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Rev. JERRY L. Seay
STREET ADDRESS		6.3 STREET ADDRESS	7701 SW 76 Avenue
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI FL 33143

14. I do 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: *[Signature]* DATE: 4/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **REQUIRED**
Daytime Phone #: (305) 284-1040

CR2E037 (9/96)