

FILE NOW: FILING FEE IS \$61.25

FILED  
May 29 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 # **N39260** (7)  
1. Corporation Name  
**CHRIST METROPOLITAN COMMUNITY CHURCH OF MIAMI, I  
NC.**



Principal Place of Business <b>7701 SW 76TH AVE MIAMI FL 33143</b>	Mailing Address <b>7701 SW 76TH AVE MIAMI FL 33143</b>
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3. Date Incorporated or Qualified <b>07/30/1990</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. FEI Number <b>23-7094353</b>	Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SENOY, JERRY REV. 7701 SW 76TH AVE MIAMI FL 33143</b>	10. Name and Address of New Registered Agent 81 Name <b>Seay, Rev Jerry L</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7701 SW 76 Avenue</b> 83 84 City <b>Miami</b> FL 85 Zip Code <b>33143</b>
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*name  
was  
mis-spelled*

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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MARTINEZ, MARIO</b>
STREET ADDRESS	<b>7640 S.W. 64TH CT.</b>
CITY-ST-ZIP	<b>MIAMI FL 33145</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>ROTH, MARIO</b>
STREET ADDRESS	<b>9233 SW 149TH PL</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>REEDY, KATY</b>
STREET ADDRESS	<b>6775 SW 51ST ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>SEAY, REV JERRY L</b>
STREET ADDRESS	<b>7701 SW 76TH AVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
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	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Kevin MacWhinnie</b>
1.3 STREET ADDRESS	<b>9406 SW 186 STREET</b>
1.4 CITY-ST-ZIP	<b>Miami FL 33157</b>
2.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Elizabeth Rogalado</b>
2.3 STREET ADDRESS	<b>6751 SW 75 TERRACE</b>
2.4 CITY-ST-ZIP	<b>South Miami, FL 33143</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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: \_\_\_\_\_ 4/27/98 (305) 931-8713 07/13

CR2E037 (10/97)