FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N39260

CHRIST METROPOLITAN COMMUNITY CHURCH OF MIAMI, I NC.

Principal Place of Business

Mailing Address

7701 SW 76TH AVE MIAMI FL 33143

7701 SW 76TH AVE MIAMI FL 33143

FILED Mar 23, 1999 8:00 am g Secretary of State

03-23-1999 90014 002 ****61.25



2. Fillicipal Fi	ace of business	6		07/30/1990					
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		4. FEI Number 23-7094353		App	olied For		
22	27						Not	Applicable	
City & State				-	5. Certifcate of Status Desired	ا ا	*\$8.75 A	dditional	
23	28			5. Certificate of Status Desired Fee Required				quired	
Zip	CountryZipCo			ftry 6. Election Campaign Financing		П	\$5.00 May Be		
24	25	29	30		Trust Fund Contribution Added to Fees			Fees	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				Name					
SEAY, JERRY L REV.				82 Street Address (P.O. Box Number is Not Acceptable)					
7701 SW 76TH AVE				83					
MIAMI FL 33143									
				City			85 Zip C	ode	
				·		<u> </u>	<u> </u>		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es; the above	s-named co	prporation submits this statement for the ation's board of directors. I hereby accept	purpose of o	changing its itment as rec	røgistered jistered	
agent. i a	m familiar with, and accept the obligatio	ns of, Section 617.0503, Flo	rida Statutes		2001 0 DOME 01 BIT COLOT 1 WELL = 1 =			´ .	
SIGNATURE	•								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				it signature requ	uired when reinstating) ADDITIONS/CHANGES TO OF	DATE EICEDS AN	D DIDECTO	DS IN 12	
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OF	TIOLING AIT	Change	Addition	
TITLE	VD	□ bereie							
NAME	MACWHINNIE, KEVIN		1.2 NAME					j	
STREET ADDRESS	9406 SW 186 ST.			FADDRESS					
CITY-ST-ZIP	MIAMI FL 33157		1,4 CITY-S	T-ZIP			Change	Addition	
₩E	TD	☐ DELETE	2.1 TITLE				Citalige	- Nodition	
NAME	ROTH, MARIO		2.2 NAME						
STREET ADDRESS	9233 SW 149TH PL		1	F ADDRESS					
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-5	T-ZIP	<u> </u>			Addition	
TITLE	SD	DELETÉ	3.1 TITLE			سحوا يان	Change		
NAME	ROGALADO, ELIZABETH	u + V 2 -	3.2 NAME					1	
STREET ADDRESS	6751 SW 75 TERR.		3.3 STREE	TADORESS	•	•			
CITY-ST-ZIP	S. MIAMI FL 33143		3.4. CITY-5	IT-ZIP					
TITLE	P	☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME	SEAY, REV JERRY L		4. 2 NAME			•			
STREET ADDRESS	7701 SW 76TH AVE		4.3 STREE	ADORESS ·					
CITY-ST-ZIP	MIAMI FL		4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition	
NAME		•	5.2 NAME					1	
STREET ADDRESS	·			TADDRESS	•			ļ	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE	•	☐ DELETE	6.1 TITLE				. Change	Addition	
NAME			6.2 NAME	ļ		•			
STREET ADDRESS			6.3 STREE	TADDRESS					
CITY-ST-ZIP		•	6.4 CITY-S	T-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 changes, on an attachment with an address, with all other like empowered.