


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Aug 13, 1999 8:00 am**  
**Secretary of State**

08-13-1999 90015 015 \*\*\*\*61.25

605796 - 90015 - 15 6 \*



<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>			<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N40031</b>			
1. Corporation Name <b>NORTH DADE CHURCH OF CHRIST, INC.</b>			
Principal Place of Business 17221 NW 32 CT CAROL CITY 33056-4204		Mailing Address 17221 NW 32 CT CAROL CITY 33056-4204	

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		3. Date Incorporated or Qualified 08/16/1990	
4. FEI Number 65-0302061		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		9. Name and Address of Current Registered Agent <b>BRYANT, LLOYD</b> 17221 NW 32 CT CAROL CITY FL 33056			
10. Name and Address of New Registered Agent 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 Lloyd Bryant LLOYD BRYANT 8/10/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, LLOYD	1.2 NAME	
STREET ADDRESS	17221 NW 32 CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL CITY FL	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, SHIRLEY D.	2.2 NAME	RILEY, John
STREET ADDRESS	17221 NW 32 CT	2.3 STREET ADDRESS	890 N.W. 213 Terr. APT. #208 Bldg. 1
CITY-ST-ZIP	CORAL CITY FL	2.4 CITY-ST-ZIP	North Miami, FL 33169-2080
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, RALPH H.	3.2 NAME	
STREET ADDRESS	3921 SW 27 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Lloyd Bryant LLOYD BRYANT 8/10/99 (305) 620-6390  
Signature, typed or printed name of signing officer or director Date Daytime Phone #