2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48119

FILED Mar 13, 2009 Secretary of State

Entity Name: CHRIST CONGREGATIONAL CHURCH OF DADE COUNTY, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 14920 SW 67TH AVENUE MIAMI, FL 33158 **Current Mailing Address: New Mailing Address:** 14920 SW 67TH AVENUE MIAMI, FL 33158 FEI Number: 59-1277993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRANCIS, TIRB 14920 SW 67 AVE MIAMI, FL 33158 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BLACKBURN, SCOTT Name: Name: 9211 SW 192 DRIVE Address: Address: City-St-Zip: CUTLER BAY, FL 33157 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KETZLE, JAMES Name: Address: 10523 SW 99 TERRACE Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: () Delete Title: (X) Change () Addition BEISENHERZ, BARBARA Name: WILLIAMS, SONYA Name: 7525 SW 163 STREET 9631 IRENE DRIVE Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33157 Title: PM() Delete Title: (X) Change () Addition PASTORELLO, ROBERT Name: TIRB, FRANCIS Name: Address: 8880 SW 150 STREET Address: 22221 SW 87 PLACE City-St-Zip: MIAMI, FL 33176 City-St-Zip: CUTLER BAY, FL 33190

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES KETZLE T 03/13/2009