

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N51206** (3)
1. Corporation Name

FIRST CHRISTIAN CHURCH OF NORTH DADE INC.



Principal Place of Business 175 NW 128 STREET MIAMI FL 33168	Mailing Address 175 NW 128 STREET MIAMI FL 33168
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3. Date Incorporated or Qualified

10/07/1992

4. FEI Number

59-0799904

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEPPARD, ART H
70 NE 132ND TERRACE
N MIAMI FL 33161**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCOB <input type="checkbox"/> DELETE	1.1 TITLE	DCOB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIMBLEY, OLLIE	1.2 NAME	JOSEPH, ANDRE
STREET ADDRESS	9220 N.W. 16TH AVE.	1.3 STREET ADDRESS	12801 N.W. 1 CT. MIAMI FL
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	DSOB <input type="checkbox"/> DELETE	2.1 TITLE	DSOB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, CAROL	2.2 NAME	TURNER, CAROL D.
STREET ADDRESS	12705 N.W. 2ND. AVE.	2.3 STREET ADDRESS	12705 N.W. 2ND AVE N. MIAMI, FL
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DVC <input type="checkbox"/> DELETE	3.1 TITLE	DVC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, ANDRE	3.2 NAME	WIMBLEY, OLLIE
STREET ADDRESS	12801 N.W. 1 COURT	3.3 STREET ADDRESS	9220 N.W. 16TH AVE. MIAMI, FL
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDGAR, PAULUS	4.2 NAME	
STREET ADDRESS	12705 N.W. 2ND. AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	CT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPPARD, ART H.	5.2 NAME	
STREET ADDRESS	70 N.E. 132 TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	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.

SIGNATURE: Carol N. Wimbly **SIGNATURE REQUIRED**

1-26-98

681-6625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #

CR2E037 (10/97)