

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003332 (3)**

1. Corporation Name

**CHURCH OF CHRIST-APOSTOLIC-NONDENOMINATIONAL CAM
PUS MINISTRY, INC.**



Principal Place of Business

**16174 NW 27TH AVE.
MIAMI FL 33055**

Mailing Address

**16174 NW 27TH AVE.
MIAMI FL 33055**

3. Date Incorporated or Qualified
06/24/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0518703

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RITCHEY, DAVID
8219 NW 12TH CT.
MIAMI FL 33147**

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

TITLE ☐ DELETE
NAME **D HUNT, DERYL G PH.D.**
STREET ADDRESS **20120 NW 13TH CT.**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **D CARTER, DUDLEY**
STREET ADDRESS **5021 NW 181ST TERR.**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **D ROUNDTREE, JOHN**
STREET ADDRESS **1820 NW 131ST ST.**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **D RITCHEY, DAVID**
STREET ADDRESS **8219 NW 12TH CT.**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **D ELLISON, HELEN**
STREET ADDRESS **4301 MADISON AVE.**
CITY - ST - ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE
NAME **D RITCHEY, OZZIE**
STREET ADDRESS **3811 NW 174TH S.**
CITY - ST - ZIP **MIAMI FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *David Ritchey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/96
Date

(305) 826-7306
Daytime Phone #

0006003

CR2E037 (3/96)