

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 # **N95000000960 (3)**

1. Corporation Name

**CHURCH OF CHRIST-APOSTOLIC (NONDENOMINATIONAL),
INC.**

Principal Place of Business

**16174 N.W. 27TH AVE.
MIAMI FL 33055**

Mailing Address

**16174 N.W. 27TH AVE.
MIAMI FL 33055**



3. Date Incorporated or Qualified

02/21/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

65-0571277

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

**RTCHEY, DAVID L
8219 N.W. 12TH COURT
MIAMI FL 33147**

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

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

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

TITLE **D** ☐ DELETE
NAME **ROUNDTREE, JOHN**
STREET ADDRESS **1920 NW 131**
CITY - ST - ZIP **MIAMI FL**

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

TITLE **D** ☐ DELETE
NAME **MUNROE, ALEXANDER**
STREET ADDRESS **6300 SW 34 ST.**
CITY - ST - ZIP **HOLLYWOOD FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
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 (305) 876-2306
Date Daytime Phone #

CR2E037 (3/96)