

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morano Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000960 (3)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

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

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

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

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

02/21/1995

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**

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

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

David Ritchey **DAVID RITCHEY**

7/5/98

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	<input type="checkbox"/> DELETE
NAME	HUNT, DERYL G	
STREET ADDRESS	20120 NW 13 CT.	
CITY-STATE-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTER, DUDLEY	
STREET ADDRESS	5021 NW 181 TERR.	
CITY-STATE-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROUNDTREE, JOHN	
STREET ADDRESS	1920 NW 131	
CITY-STATE-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RITCHEY, DAVID	
STREET ADDRESS	8219 NW 12 CT.	
CITY-STATE-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MUNROE, ALEXANDER	
STREET ADDRESS	6300 SW 34 ST.	
CITY-STATE-ZIP	HOLLYWOOD FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ELISON, THOMAS	
STREET ADDRESS	4301 MADISON AVE.	
CITY-STATE-ZIP	HOLLYWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUNT, DERYL G.	
1.3 STREET ADDRESS	10360 N.E. 5 AVE.	
1.4 CITY-STATE-ZIP	MIAMI, FLA. 33138	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROUNDTREE, JOHN	
3.3 STREET ADDRESS	20120 N.W. 13 CT.	
3.4 CITY-STATE-ZIP	MIAMI, FLA 33169	

4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RITCHEY, DAVID	
4.3 STREET ADDRESS	1663 N.W. 193RD ST	
4.4 CITY-STATE-ZIP	MIAMI, FLA. 33169	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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:

John T. Roundtree

JOHN T. ROUNDTREE

7/6/98

(305) 889-5425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)