


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 19, 1999 8:00 am**  
**Secretary of State**

08-19-1999 90010 039 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N95000000960</b>					
1. Corporation Name <b>CHURCH OF CHRIST-APOSTOLIC (NONDENOMINATIONAL), INC.</b>					
Principal Place of Business 16174 N.W. 27TH AVE. MIAMI FL 33055			Mailing Address 16174 N.W. 27TH AVE. MIAMI FL 33055		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/21/1995	
22 City & State		27 City & State		4. FEI Number 65-0571277	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
RITCHEY, DAVID L 8219 N.W. 12TH COURT 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE D <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME HUNT, DERYL G			1.2 NAME		
STREET ADDRESS 10360 NE 5TH AVE			1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33138			1.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME CARTER, DUDLEY			2.2 NAME		
STREET ADDRESS 5021 NW 181 TERR.			2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL			2.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME ROUNDTREE, JOHN			3.2 NAME		
STREET ADDRESS 20120 NE 13TH CT			3.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33169			3.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME RITCHEY, DAVID			4.2 NAME		
STREET ADDRESS 1663 NW 193RD STREET			4.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL			4.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MUNROE, ALEXANDER			5.2 NAME		
STREET ADDRESS 6300 SW 34 ST.			5.3 STREET ADDRESS		
CITY-ST-ZIP HOLLYWOOD FL			5.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME ELLISON, THOMAS			6.2 NAME		
STREET ADDRESS 4301 MADISON AVE.			6.3 STREET ADDRESS		
CITY-ST-ZIP HOLLYWOOD FL			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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/99

305-625-2653

Date

Daytime Phone #

CR2E037 (5/99)