FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500003957 (6)

THE CHURCHES OF CHRIST IN THE APOSTLES DOCTRINE.

FILED Jul 09 1998 8:00am Secretary of State

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INC.					
Principal Place of Business Mailing Address			T EBBILLO FIN IN THE PLANT OF THE BOLL OF THE PROPERTY OF THE	KOD OKIJO TODO BAKKI MODA IDDI	
9501 SW 175TH TERRACE	9501 SW 175TH TERRACE MIAMI FL 33157		3. Date Incorporated or Qualified		
MIAMI FL 33157			08/17/1995		
US	US			4. FEI Number	Applied For
				65-0758004	Not Applicable
2. Principal Place of Business 2a. Mailing Address				5. Certificate of Status Desired	\$8.75 Additional Fee Required
21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00 May Be
22 27				Trust Fund Contribution	Added to Fees
City & State				7. Is this nonprofit corporation a homeowner	's association?
23	28				
Zip Country	Zip Country		This corporation owes or has paid the cur Personal Property Tax due June 30.	rrent year Intangible Yes 🔀 No	
24 25 0. Name and Address of Current	29 30 30 Begintered Agent		10. Name and Address of New Registered Agent		
Transcario Address of Carlott	Trogical rigoria	81	Name	and the second s	
THE LAW COM OF LAWDENCE I SPIECE	CHOTO	-	2	(DO Bartharia Nat Assessible)	
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134		82	82 Street Address (P.O. Box Number is Not Acceptable)		
		83			
,		84	City		85 Zip Code
	1017 4500 FL 11 Out			FL	A shanging its registered
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: R	egistered Age	ent signature	required when reinstating) DATE	
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE PD	DELETE	1.1 TITLE		D	Change Addition
NAME HERNANDEZ, MARGARITO JR		1.2 NAME		Lowell U. Collins	
STREET ADDRESS 11290 SW 200 ST		1.3 STREET	ADDRESS	11290 S.W. 200th Street	<u>!</u>
CITY-ST-ZIP MAMI FL 33157-8275			T-ZIP	Miami,FL 33157	
THLE VD	, —				☐ Change ☐ Addition
NAME RUIZ, JOSE C					
T T	12020 011 000 01		ADDRESS		
	Market Country		ST-ZIP		Change Addition
I	-				
	gordan, contra		ADDRESS		
STREET ADDRESS 16521 SW 144 CT CITY-ST-ZIP MIAMI FL 33177	₹ ⁷ · · ·		ST-ZIP		
TITLE INFORMATION	DELETE 4.11		J. E.II		Change Addition
NAME	4, 2 N				
STREET ADDRESS		4.3 STREET	ADDRESS		
CITY-ST-ZIP		4.4 CITY - S	ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE			Change Addition
NAME		52 NAME			
STREET ADDRESS			ADDRESS		
CITY-ST-ZIP	T DELETE	5.4 CITY- S	ST-ZIP		Change Addition
TITLE	☐ DELETE	6.1 TITLE			□ cuange □ Addition
NAME		6.2 NAME	ADDRESS		
STREET ADDRESS					
14. I hereby certify that the information supplied wit	h this filing does not qualify for t	6.4 CITY - S the exemp	tion state	Led in Section 119.07(3)(i), Florida Statutes. I further c	ertify 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 changes, or on an attachment with a address.					