

FILE NOW: FILING FEE IS \$61.25

\$70.00 due Total

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 SEP 25 AM 10:14

DOCUMENT # N95000005278 (5)

GREATER MIAMI ADVENTIST COMMUNITY SERVICES CORPORATION



Principal Place of Business Mailing Address 15476 NW 77TH COURT. #609 MIAMI LAKES FL 33016

3. Date Incorporated or Qualified 11/07/1995 3a. Date of Last Report NA

21. Principal Place of Business 2754 NW North River Dr. 26. Mailing Address 15476 NW 77th Ct. 22. Suite, Apt. #, etc. #609 23. City & State Miami Fla. 28. Miami Lakes, Fla. 24. Zip 33142 25. Country USA 29. 33016 30. USA

4. FEI Number Applied for 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

BRUTUS, JEAN-CLAUDE 8250 NW 192ND TERRACE HIALEAH FL 33015

B1 Name Jean-Claude Brutus B2 Street Address (P.O. Box Number is Not Acceptable) 6951 NW 169 Terrace B3 B4 City Hialeah FL B5 Zip Code 33015

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 provisions of, Section 617.0603, Florida Statutes.

SIGNATURE (NO CHANGE) 8-29-96 DATE

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include: EXECUTIVE DIRECTOR JEAN-CLAUDE BRUTUS, 6Macs BOARD DIRECTOR IRA L. HARRELL, DIRECTOR OF FINANCE DESMONDE ALEXANDER, DIRECTOR FOR DISASTER RESPONSE JOAN THOMAS.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include: 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: 8/29/96 DATE Daytime Phone #

CR2E037 (12/95)