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\$70.00 due Total

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N95000005278 (5)

96 SEP 25 AM 10:14

GREATER MIAMI ADVENTIST COMMUNITY SERVICES CORPO
RATION



Principal Place of Business

Mailing Address

15476 NW 77TH COURT. #609
MIAMI LAKES FL 33016

15476 NW 77TH COURT. #609
MIAMI LAKES FL 33016

2. Principal Place of Business

2a. Mailing Address

21 2754 NW North River Dr.
Suite, Apt. #, etc.

26 15476 NW 77th Ct.
Suite, Apt. #, etc.

22 -
City & State

27 #609
City & State

23 Miami, Fla.
Zip

28 Miami Lakes, Fla.
Zip

24 33142

25 USA

29 33016

30 USA

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

81 Name Jean-Claude Brutus
82 Street Address (P.O. Box Number is Not Acceptable) 6951 NW 169 Terrace
83
84 City Hialeah FL 85 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 617.0503, Florida Statutes.

SIGNATURE

Signature of registered agent (if registered agent and filer are applicable)

(NO CHANGE)

8-29-96

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE EXECUTIVE DIRECTOR ☐ DELETE
NAME JEAN-CLAUDE BRUTUS
STREET ADDRESS 6951 NW 169 TERRACE
CITY-ST-ZIP HIALEAH, FL. 33015
TITLE 6MCS BOARD DIRECTOR ☐ DELETE
NAME IRA L. HARRELL
STREET ADDRESS 603 MASORCA AVE.
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714
TITLE DIRECTOR OF FINANCE ☐ DELETE
NAME DESMOND ALEXANDER
STREET ADDRESS 20154 NW 36 CT.
CITY-ST-ZIP MIAMI, FL. 33056
TITLE DIRECTOR FOR DISASTER RESPONSE ☐ DELETE
NAME JOAN THOMAS
STREET ADDRESS 13330 NE 17TH AVE.
CITY-ST-ZIP N. MIAMI, FL. 33181
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 900001975 ☐ Change ☐ Addition
4.2 NAME -10/15/96-01220-001
4.3 STREET ADDRESS *****70.00 *****70.00
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/96

Date

Daytime Phone #

CR2E037 (12/95)