


FILE NOW: FILING FEE IS \$61.25

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Mar 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT STATE <b>Sandra B. Morth</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001168 (1)**

1. Corporation Name

**NEW CITY MINISTRIES OF MIAMI, INC.**

Principal Place of Business

**5850 BISCAYNE BOULEVARD  
MIAMI FL 33137**

Mailing Address

**5850 BISCAYNE BOULEVARD  
MIAMI FL 33137**

3. Date Incorporated or Qualified

**02/29/1996**

4. FEI Number

**65-0649930**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

City & State

City & State

23

28

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

Zip

Country

Zip

Country

24

25

29

30

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEALS, JUSTIN E  
THE WORLD TRADE CENTER  
80 S.W. 8TH STREET, SUITE 2000  
MIAMI FL 33130**

11 Name

12 Street Address (P.O. Box Number is Not Acceptable)

13

14 City

**FL**

15

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **TIPPENS, JOEL M**  
CITY-ST-ZIP **5850 BISCAYNE BOULEVARD**  
**MIAMI FL 33137**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **TIPPENS, CATHERINE N**  
CITY-ST-ZIP **5850 BISCAYNE BOULEVARD**  
**MIAMI FL 33137**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **ERBEL, SUSAN R**  
CITY-ST-ZIP **775 CURTISWOOD DRIVE**  
**KEY BISCAYNE FL 33149**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 its 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

**3/18/98 305-758-5115**

Date

Daytime Phone # 0028123

CR2E037 (10/97)