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
Jul 08, 1999 8:00 am
Secretary of State
07-08-1999 90024 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005863

. Corporation Name

SOUTHWEST CHURCH OF CHRIST OF MIAMI, INC.

583824 - 90024 - 10

Principal Place of Business	Mailing Address
11739 NORTH BLVD TAMPA FL 33612	11739 NORTH BLVD TAMPA FL 33612

1. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
	26	10/16/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-1026318 ☐ Applied For ☐ Not Applicable
	27	
City & State	City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
	28	
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
25	29 30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACKSON, CLOYCE 11739 NORTH BLVD TAMPA FL 33612	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JACKSON, CLOYCE		1.2 NAME		
STREET ADDRESS	11739 NORTH BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, C TITUS		2.2 NAME		
STREET ADDRESS	5339 NORTHDALE BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, DAVID		3.2 NAME		
STREET ADDRESS	11204 SW 132ND CT W		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RENHARDT, ALFRED		4.2 NAME		
STREET ADDRESS	600 LITCHFIELD RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CURRY, HAROLD		5.2 NAME		
STREET ADDRESS	9022 NE 8TH AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL 33138		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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: Cloy Jackson SIGNATURE OF CLOYCE JACKSON 7-1-99 813 931 7790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #