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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000007191 (6)**

1. Corporation Name

METROPOLITAN COMMUNITY CHURCH SOUTH BEACH, INC.

Principal Place of Business

Mailing Address

**1500 BAY RD. STE 583
MIAMI BEACH FL 33139-3233**

**P.O. BOX 399117
MIAMI BEACH FL 33239-9117**

3. Date Incorporated or Qualified
12/29/1997

4. FEI Number

65-0799500

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

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

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

**YOUNG, DONALD
10730 SW 136TH COURT
MIAMI FL 33186**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	SLACK, BARRY K
STREET ADDRESS	3550 AVOCADO AVE.
CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	SD <input type="checkbox"/> DELETE
NAME	VAZQUEZ, JOSE A
STREET ADDRESS	443 NE 195 ST., #436
CITY-ST-ZIP	N. MIAMI BEACH FL 33179
TITLE	TD <input type="checkbox"/> DELETE
NAME	SKAGGS, ROBERT M
STREET ADDRESS	1 S. PINE ISLAND RD., #409
CITY-ST-ZIP	PLANTATION FL 33324-2644
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MURPHY, RICHARD
STREET ADDRESS	980 NW NORTH RIVER DR., #122
CITY-ST-ZIP	MIAMI FL 33138
TITLE	D <input type="checkbox"/> DELETE
NAME	VEILLEUX, KEVIN J
STREET ADDRESS	7703 CAMINO REAL, #A-408
CITY-ST-ZIP	MIAMI FL 33143
TITLE	D <input type="checkbox"/> DELETE
NAME	MIELGO, CARLOS
STREET ADDRESS	443 NE 195 STREET, #436
CITY-ST-ZIP	N. MIAMI BEACH FL 33179

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Director
4.3 STREET ADDRESS	Young, Donald
4.4 CITY-ST-ZIP	10730 SW 136th Court Miami FL 33186
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

ROBERT M. SKAGGS Treasurer 3/10/98

954-748-7000

CR2E037 (10/97)