

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90002 016 ****61.25

DOCUMENT # N97000007191

1. Corporation Name

METROPOLITAN COMMUNITY CHURCH SOUTH BEACH, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/29/1997

4. FEI Number

65-0799500

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

9. Name and Address of Current Registered Agent

YOUNG, DONALD
10730 SW 136TH COURT
MIAMI FL 33186

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
SLACK, BARRY K
STREET ADDRESS **3550 AVOCADO AVE.**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ DELETE

NAME **SD**
VAZQUEZ, JOSE A
STREET ADDRESS **443 NE 195 ST., #436**
CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE ☒ DELETE

NAME **TD**
SKAGGS, ROBERT M
STREET ADDRESS **1 S. PINE ISLAND RD., #409**
CITY-ST-ZIP **PLANTATION FL 33324-2644**

TITLE ☐ DELETE

NAME **D**
YOUNG, DONALD
STREET ADDRESS **10730 SW 136TH COURT**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☒ DELETE

NAME **D**
VEILLEUX, KEVIN J
STREET ADDRESS **7703 CAMINO REAL, #A-406**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ DELETE

NAME **D**
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 ☐ Change ☒ Addition

1.2 NAME **TO**
SANTIAGO, VICTOR
1.3 STREET ADDRESS **21121 SW 85AV. #211**
1.4 CITY-ST-ZIP **MIAMI, FL 33189**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D**
PERKINS, SAMUEL
2.3 STREET ADDRESS **835 LENOX AV. #5**
2.4 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
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 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:

Victor Santiago
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECEIVED
SANTIAGO

5/30/99

Date

305-844-4734

Daytime Phone #

CR2E037 (1/98)

0035414