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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N98000004910

1. Corporation Name

LIBERTY CHRISTIAN DISCIPLES OF CHRIST OF MIAMI, INC.

203934-90110-20

Principal Place of Business  
2455 NORTHWEST 68TH STREET  
MIAMI FL 33147

Mailing Address  
2455 NORTHWEST 68TH STREET  
MIAMI FL 33147



21	2. Principal Place of Business	26	2a. Mailing Address	3.	Date Incorporated or Qualified	08/26/1998
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FEI Number	65-0860705
23	City & State	28	City & State	5.	Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134				81	Name	Luther J. Boykin	
				82	Street Address (P.O. Box Number is Not Acceptable)	2455 NW 68th St	
				83	City	MIAMI	
				84	City	FL	85 Zip Code
							33147

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 *Luther J. Boykin* Luther J. BOYKIN - TD Feb. 21, 1999  
(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	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	IVERY, W C PASTOR		1.2 NAME				
STREET ADDRESS	2455 NORTHWEST 68TH STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33147		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LOPEZ, CHRISTINA		2.2 NAME				
STREET ADDRESS	2455 NORTHWEST 68TH STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33147		2.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	COOPER, LERNORD		3.2 NAME				
STREET ADDRESS	2455 NORTHWEST 68TH STREET		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33147		3.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CLARK, JUANITA		4.2 NAME				
STREET ADDRESS	2455 NORTHWEST 68TH STREET		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33147		4.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BOYKIN, LUTHER J		5.2 NAME				
STREET ADDRESS	2455 NORTHWEST 68TH STREET		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33147		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PATRICK, BEVERLY SIS.		6.2 NAME				
STREET ADDRESS	2455 NORTHWEST 68TH STREET		6.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33147		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: SIGNATURE REQUIRED *Christina Lopez* Christina Lopez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)