

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 706138 (5)

1. Corporation Name

FIRST PRESBYTERIAN CHURCH OF CORAL GABLES, FLORIDA, INC.



Principal Place of Business: 121 ALHAMBRA PLAZA CORAL GABLES FL 33134  
Mailing Address: 121 ALHAMBRA PLAZA CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 09/11/1963  
3a. Date of Last Report: 06/14/1995

2. Principal Place of Business (21-23) and Mailing Address (2a-26) details including Suite, City & State, and Zip/Country.  
4. FEI Number: 59-0720260  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes/No

9. Name and Address of Current Registered Agent: SULLIVAN, JOHN, 2511 PONCE DE LEON BLVD #320, CORAL GABLES FL 33134  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: FETZER, CARL STREET ADDRESS: 7570 SW 30TH TERR CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	1.1 TITLE: VPD 1.2 NAME: FETZER, CARL 1.3 STREET ADDRESS: 7570 SW 30 Terr 1.4 CITY-ST-ZIP: Miami, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GOSS, BETH STREET ADDRESS: 1218 VALENCIA AVEW CITY-ST-ZIP: CORAL GABLES FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: SD 2.2 NAME: KNIGHT, ROBERT 2.3 STREET ADDRESS: 19975 SW 304 Street 2.4 CITY-ST-ZIP: Homestead, FL 33030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: LEU, WILBUR STREET ADDRESS: 4311 SW 16TH ST CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	3.1 TITLE: _____ 3.2 NAME: _____ 3.3 STREET ADDRESS: _____ 3.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: NAGY, KAREN STREET ADDRESS: 283 NE 86TH ST CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: GOSS, ROLAND C. STREET ADDRESS: 1218 VALENCIA AVENUE CITY-ST-ZIP: CORAL GABLES FL	<input type="checkbox"/> DELETE	5.1 TITLE: PD 5.2 NAME: GOSS, ROLAND C. 5.3 STREET ADDRESS: 1218 Valencia Avenue 5.4 CITY-ST-ZIP: Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: SULLIVAN, JOHN STREET ADDRESS: 2511 PONCE DE LEON BL CITY-ST-ZIP: CORAL GABLES FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: DT 6.2 NAME: LONG, MAXINE 6.3 STREET ADDRESS: 1808 Ferdinand St. 6.4 CITY-ST-ZIP: Coral Gables, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Roland C. Goss* 2/26/96 (305) 347-6844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)