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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

121 ALHAMBRA PLAZA
CORAL GABLES FL 33134

121 ALHAMBRA PLAZA
CORAL GABLES FL 33134-5205

3. Date Incorporated or Qualified
09/11/1963

3a. Date of Last Report
03/04/1996

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

24

25

29

30

4. FEI Number
59-0720260

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SULLIVAN, JOHN
2511 PONCE DE LEON BLVD #320
CORAL GABLES FL 33134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD DELETE
NAME FETZER, CARL
STREET ADDRESS 7570 SW 30TH TERR
CITY-ST-ZIP MIAMI FL

1.1 TITLE D Change Addition
1.2 NAME Tony Long
1.3 STREET ADDRESS 1808 Ferdinand Street
1.4 CITY-ST-ZIP Coral Gables FL 33134

TITLE SD DELETE
NAME KNIGHT, ROBERT
STREET ADDRESS 19975 SW 304 ST
CITY-ST-ZIP HOMESTEAD FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME LEU, WILBUR
STREET ADDRESS 4311 SW 16TH ST
CITY-ST-ZIP MIAMI FL

3.1 TITLE VPD Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME NAGY, KAREN
STREET ADDRESS 283 NE 86TH ST
CITY-ST-ZIP MIAMI FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE PD DELETE
NAME GOSS, ROLAND C.
STREET ADDRESS 1218 VALENCIA AVENUE
CITY-ST-ZIP CORAL GABLES FL

5.1 TITLE PD Change Addition
5.2 NAME John Sullivan
5.3 STREET ADDRESS 2511 Ponce De Leon Blvd. #320
5.4 CITY-ST-ZIP Coral Gables FL 33134

TITLE DT DELETE
NAME LONG, MAXINE
STREET ADDRESS 1808 FERDINAND ST
CITY-ST-ZIP CORAL GABLES FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2/11/97

DAYTIME PHONE # 0027018

CR2E037 (9/96)