

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 707500 (5)

1. Corporation Name

THE UNITED CHURCH OF CHRIST OF MIAMI LAKES, INC.

Principal Place of Business

Mailing Address

6701 MIAMI LAKEWAY
MIAMI LAKES FL 33014

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MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/29/1964

3a. Date of Last Report
08/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1171817

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 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

DELONG, RANDOLPH M
7270 POINCIANA CT
MIAMI LAKES FL 33016

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 PD ☒ DELETE
NAME WEST, ALVIN
STREET ADDRESS 8995 GLENEAGLE DRIVE
CITY-ST-ZIP MIAMI LAKES FL

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME JEFFREY LEE
1.3 STREET ADDRESS 4520 West Park Road
1.4 CITY-ST-ZIP Hollywood, FL 33021

TITLE TD ☒ DELETE
NAME DANNER, STEVE
STREET ADDRESS 6794 ORCHID DRIVE
CITY-ST-ZIP MIAMI LAKES FL

2.1 TITLE TD ☐ Change ☒ Addition
2.2 NAME William H. SUTTON
2.3 STREET ADDRESS 7370 BIG CYPRESS DRIVE
2.4 CITY-ST-ZIP MIAMI LAKES, FL 33014-2505

TITLE SD ☒ DELETE
NAME STELDT, ANN
STREET ADDRESS 12827 NW 14 STREET
CITY-ST-ZIP SUNRISE FL

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME WILMA COOPER
3.3 STREET ADDRESS 6030 WEST 15TH COURT
3.4 CITY-ST-ZIP HIALEAH, FL 33012

TITLE VD ☒ DELETE
NAME SCOTTON, WRENNA
STREET ADDRESS 380 CAMBRIDGE DRIVE
CITY-ST-ZIP FT LAUDERDALE FL

4.1 TITLE VD ☐ Change ☒ Addition
4.2 NAME GAIL BALLWEG
4.3 STREET ADDRESS 7270 POINCIANA COURT
4.4 CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 if changed, or on an attachment with an address.

CR2E037 (4/97)