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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(3)

PAI METTO	PRESBYTERIAN	CHURCH	OF MIAMI.	INC.

	ETTO PRESBYTERIAN CHU	JRCH OF MIAMI, INC.  Mailing Address					
6790 S.W. 561	TH ST.	6790 S.W. 56 ST. MIAMI FL 33155-5722					
MIAMI FL 331: US	33	MIRMI FL 33133-3722			3. Date Incorporated or Qualified 12/16/1971	3a. Date of Last Ro 06/27/199	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	<del></del>	plied For
21]		26		59-0904152	<del></del>	t Applicable	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
City & Ste	210	City & State				Fee Re	·
23	240	28			Election Campaign Financing     Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Zip Country		This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30		Florida Statutes	Yes No	
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
			ļ	B1 Name	blker, James A.		
	R, JAMES A			82 Street Add	ress (P.O. Box Number is Not Acceptat	)le)	J
	E JEANE ROAD			92	North Kendell Drive		7
	804, QABLES INT'L PLAZA . GABLES FL 33134.			Suite	404		
CURAL	GABLES PL 33139			64 City Mi	a wi	FL 85 33	Code
11. Pursuan	it to the provision of Sections 647.05	92 and 617 1308, Florida Sta	tutes, the at	ove-named corp	poration submits this statement for the p	ourpose of changing it	s registered
office or agent. I	registered about, or both, in 1/19 Stal aprifamiliar with, and accept the obli	trol Fightal. Such change wa dations of Section 617.0503.	is authorized Florida Stat	d by the corporal utes.	poration submits this statement for the patient's board of directors. I hereby acception's	ot the appointment as	registered
SIGNATURE	/ IV )	Cellum.				6/17/97	
	Signature, typed or printed name of registered a	·		Agent signature requi		DATE	0.44.40
TETLE	P PICERS A	ND DIRECTORS  DELETE	13.	'I E	ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	MOGILL, ROSS		1.2 NA			CI CITATIGO	
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	MIAMI FL			TY - ST - ZIP			
TITLE	\$	DELETE	2.1 (1)			Change	Addilion
NAME	KERMES, THOMAS		2.2 NA	ME			
STREET ADDRESS	10000		2.3 ST	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL			ITY-ST-ZIP		<del></del>	1 4 4 600
TITLE	MAILURE DODROT W. ID	☐ DELETE	3.1 10			L Change	Addition
NAME STREET ADDRESS	WILKES, ROBERT W., JR. 12463 SW 104 LANE		3.2 NA	reet address			
CITY-ST-ZIP	MIAMI FL			TY-ST-ZIP			
TITLE	D	DELETE	4.1 TII			Change	Addition
NAME	MANNING, DEAN		4. 2 N	AME			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL		4.4 CI	TY-ST-ZIP			
TITLE	0	☐ DELETE	5.1 10			☐ Change	Addition Addition
NAME	PARKEY, DOROTHY		5.2 NA	<b>I</b>			
STREET ADDRESS	1			REET ADDRESS			
CITY-ST-ZIP TITLE	MIAMI FL	DELETE	5.4 CI 6.1 T()	TY-ST-ZIP	·	Change	Addition
NAME		_ petit	6.2 NA	1		டு வங்கு	- realisit
STREET ADDRESS	1		V-1 (V-	···-			
	i I		63.91	REET ADDRESS			

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.

**FILED** 

Jul 08 1997 8:00am

Secretary of State