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Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714969 (3)

1. Corporation Name

CORAL GABLES CONGREGATIONAL CHURCH (UNITED CHURCH
OF CHRIST), INC.

Principal Place of Business

Mailing Address

3010 DESOTO BOULEVARD
CORAL GABLES FL 331343010 DESOTO BOULEVARD
CORAL GABLES FL 33134-63173. Date Incorporated or Qualified
07/19/19683a. Date of Last Report
02/21/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-0637827Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

YODER, DOUGLAS
4800 ALHAMBRA CIRCLE
CORAL GABLES FL 33146

81 Name

DEBORAH O. SCOTT

82 Street Address (P.O. Box Number is Not Acceptable)

888 BRICKELL KEY DR #2603

83 City

MIAMI

84 City

MIAMI

FL

85 Zip Code

33131

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

Deborah O. Scott (DEBORAH O. SCOTT), PRESIDENT 1/26/97

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 SD
NAME HATCH, NANCY
STREET ADDRESS 11117 SW 113 P1
CITY-ST-ZIP MIAMI, FLORIDA 00000

DELETE

TITLE TD
NAME WEISS, FRANK
STREET ADDRESS 6517 SW 114 AVENUE
CITY-ST-ZIP MIAMI FL

DELETE

TITLE PD
NAME YODER, DOUGLAS
STREET ADDRESS 4800 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE TD
2.2 NAME DIEHL, PIDGE
2.3 STREET ADDRESS 14544 BALGOWAN ROAD
2.4 CITY-ST-ZIP MIAMI LAKES FL 33016

Change Addition

3.1 TITLE PD
3.2 NAME Deborah O. Scott
3.3 STREET ADDRESS 888 Brickell Key Dr. #2603
3.4 CITY-ST-ZIP Miami FL 33131

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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.

SIGNATURE:

Hatch, Nancy (Nancy Hatch)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2/8/97 (305) 825-3120
Date Daytime Phone #

CR2E037 (9/96)