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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714969

1. Corporation Name

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

Principal Place of Business

Mailing Address

3010 DESOTO BOULEVARD
CORAL GABLES FL 33134

3010 DESOTO BOULEVARD
CORAL GABLES FL 33134



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

07/19/1968

22 City & State

27 City & State

4. FEI Number

Applied For

59-0637827

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

SCOTT, DEBORAH O
888 BRICKELL KEY DR
#2603
MIAMI FL 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

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

1.1 TITLE SD ☒ Change ☐ Addition
1.2 NAME Mayo, Deborah
1.3 STREET ADDRESS 426 NE 102 St.
1.4 CITY-ST-ZIP Miami Shores, FL 33138

TITLE TD
NAME DIEHL, PIDGE
STREET ADDRESS 14544 BALGOWAN RD
CITY-ST-ZIP MIAMI LAKES FL ☒ DELETE

2.1 TITLE TD ☒ Change ☐ Addition
2.2 NAME Cross, Alan
2.3 STREET ADDRESS 12700 SW 67 Ave.
2.4 CITY-ST-ZIP Miami, FL 33156

TITLE PD
NAME SCOTT, DEBORAH O
STREET ADDRESS 888 BRICKELL KEY DR #2603
CITY-ST-ZIP MIAMI FL ☐ DELETE

3.1 TITLE VD ☐ Change ☒ Addition
3.2 NAME Hunt, Paul
3.3 STREET ADDRESS 6621 SW 64 St.
3.4 CITY-ST-ZIP Miami, FL 33143

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

DEBORAH O. SCOTT 2/4/99 305-443-4187

Date

Daytime Phone #

CR2E037 (11/98)