

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # 714969**

| | | | |
|--|---|--|--|
| 1. Entity Name CORAL GABLES CONGREGATIONAL CHURCH (UNITED CHURCH OF CHRIST), INC. | | | |
| Principal Place of Business 3010 DESOTO BOULEVARD CORAL GABLES FL 33134 | | Mailing Address 3010 DESOTO BOULEVARD CORAL GABLES FL 33134 | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | |
| | | 4. FEI Number 59-0637827 | |
| | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | |
| 7. Name and Address of New Registered Agent | | | |
| SCOTT DEBORAH O 888 BRICKELL KEY DR #2603 MIAMI FL 33131 US | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. | | | |
| SIGNATURE | | 04/21/2001 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstalling) DATE | |
| FILE NOW: FEE IS \$61.25 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make Check Payable to Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HUNT PAUL 6621 SW 64 ST MIAMI FL 33143 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCOTT DEBORAH O 888 BRICKELL KEY DR #2603 MIAMI FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KING BRUCE 720 ESCOBAR AVE CORAL GABLES FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PURIFOY DIANE 3173 FLORIDA AVE COCONUT GROVE FL 33133 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: DEBORAH O. SCOTT | | PD 04/21/2001 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |

CR2E037 (11/00)