

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714969

FILED
Mar 01, 2005
Secretary of State

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

Current Principal Place of Business:

3010 DESOTO BOULEVARD
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3010 DESOTO BOULEVARD
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-0637827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, BRUCE
720 ESCOBAR AVE
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

KING, BRUCE C
720 ESCOBAR AVE
MIAMI, FL 33134 US

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: BRUCE C. KING

03/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MORGAN, NANCY MS
Address: 6815 EDGEWATER DRIVE
City-St-Zip: MIAMI, FL 33133

Title: PD () Delete
Name: KING, BRUCE
Address: 720 ESCOBAR AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: TD (X) Delete
Name: SCURR, CHARLES
Address: 11035 KILLIAN PARK RD
City-St-Zip: MIAMI, FL 33156

Title: VD () Delete
Name: SAMBLAS, JESUS
Address: 2904 SW 5TH AVENUE
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE C. KING

PD

03/01/2005

Electronic Signature of Signing Officer or Director

Date