


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90072 023 \*\*\*\*61.25

<b>DOCUMENT # 714969</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0637827	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KING, BRUCE C 720 ESCOBAR AVE MIAMI, FL 33134				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	MORGAN, NANCY MS			NAME	
STREET ADDRESS	6815 EDGEWATER DRIVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	KING, BRUCE			NAME	
STREET ADDRESS	720 ESCOBAR AVE			STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	DELAS POZAS, ANN			NAME	DELAS POZAS, ANN
STREET ADDRESS	7200 S.W. 107 TERRACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33152			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	LANS, JONATHAN			NAME	(GANS) JONATHAN
STREET ADDRESS	9445 S.W. 53 STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33165			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	

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01242008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-0637827 Applied For Not Applied

5. Certificate of Status Desired  \$8.75 Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *BC King*

3/07/08