

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702430 (0)

1. Corporation Name

**WESLEY UNITED METHODIST CHURCH OF CORAL GABLES,
INCORPORATED**

Principal Place of Business

**133 PONCE DE LEON BLVD
CORAL GABLES FL 33135**

Mailing Address

**133 PONCE DE LEON BLVD
CORAL GABLES FL 33135**



3. Date Incorporated or Qualified
05/15/1961

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REEVES, HOWARD
5300 W 16 AVE #28
HIALEAH FL 33012**

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE **ST** ☐ DELETE
NAME **REEVES, HOWARD**
STREET ADDRESS **5300 W 16 AVE 248**
CITY - ST - ZIP **HIALEAH FL**

TITLE **D** ☐ DELETE
NAME **NOGA, CHESTER**
STREET ADDRESS **38 MARABELLA AVENUE**
CITY - ST - ZIP **CORAL GABLES, FL 00000**

TITLE **D** ☐ DELETE
NAME **EARP, ANNA E.**
STREET ADDRESS **12310 S.W. 147 TERR**
CITY - ST - ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **BARKER, PATRICIA A.**
STREET ADDRESS **2940 NW 15ST**
CITY - ST - ZIP **MIAMI, FL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Patricia A. Barker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 28, 1996
Date

444-9885
Daytime Phone #

CR2E037 (12/95)