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FILED

Jan 21 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

133 PONCE DE LEON BLVD  
CORAL GABLES FL 33135133 PONCE DE LEON BLVD  
CORAL GABLES FL 33135-10333. Date Incorporated or Qualified  
05/15/19613a. Date of Last Report  
02/02/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0806984

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida StatutesYes ☐ No ☒

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETEST  
REEVES, HOWARD  
5300 W 16 AVE 248  
HIALEAH FL1.1 TITLE ☐ Change ☒ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY - ST - ZIP

1.4 CITY - ST - ZIP

33012-2119

CITY - ST - ZIP

2.1 TITLE

TITLE ☐ DELETED  
NOGA, CHESTER  
38 MARABELLA AVENUE  
CORAL GABLES, FL 00000

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY - ST - ZIP

2.4 CITY - ST - ZIP

33134

CITY - ST - ZIP

3.1 TITLE

TITLE ☐ DELETED  
EARP, ANNA E.  
12310 S.W. 147 TERR  
MIAMI FL

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY - ST - ZIP

3.4 CITY - ST - ZIP

33186

CITY - ST - ZIP

4.1 TITLE

TITLE ☐ DELETED  
BARKER, PATRICIA A.  
2940 NW 15ST  
MIAMI, FL 00000

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY - ST - ZIP

4.4 CITY - ST - ZIP

33125-2015

CITY - ST - ZIP

5.1 TITLE

TITLE ☐ DELETE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP

CITY - ST - ZIP

6.1 TITLE

TITLE ☐ DELETE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY - ST - ZIP

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0029070

CR2E037 (9/96)