## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

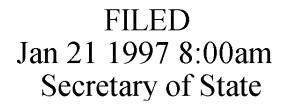
Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

702430

(0)

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





Principal Plac	ce of Busines	Ma	Mailing Address					T INDIBI FROM PARTER MOTE BINDED MAIN ORDER BERTH BERTH BERTH OLDM CERTH BERTH DEDI						
133 PONCE DE LEON BLVD				133 PONCE DE LEON BLVD										
CORAL GABLES FL 33135				CORAL GABLES FL 33135-1033										
										corporated or	Qualified	3a. Dat	e of Last 2/02/1	
2. Principal Place of Business				2a. Mailing Address					4. FEI Nui	mber		-l	<del></del>	Applied For
21				26					59	H0806984			<del></del>	Not Applicable
Suite, Apt. #, etc				Suite, Apt. #, etc.				····	F C10-	-14 Ct-1				Additional
22				27			] '	o, Ceninc	ate of Status I	Jesirea			Required	
City & State				City & State			Ţ	6. Election	n Campaign F	inancing		\$5.0	O May Be	
23			28					Trust F	und Contributi	on			d to Fees	
Zip		Country	·	Zip		untry	1		8. This co	prporation has				s. 199.032,
24		25	29		30					Statutes		Yes Z		
	9. Name	and Address of Cu	rrent Hegist	ered Agent		81	Name		0. Name	and Address	of New Reg	gistered A	gent	
555.50						0,	Ivairie	в						
REEVES, HOWARD							Street	reet Address (P.O. Box Number is Not Acceptable)						
5300 W 16 AVE #28				8:										
HIALEAH FL 33012														
						84	City		• • • • • • • • • • • • • • • • • • • •		······		<b>85</b> Zi	p Code
												<u>FL</u>	"	' '
office or r	to the provisi realstered aa	ons of Sections 617. ent, or both, in the S th, and accept the o	.0502 and 61 Itate of Florid	i7.1508, Florida Sta la. Such change wa	tutes, the a is authorize	above ad bu	3-named the cor	ed corporat	tion submits board of	ts this stateme	ent for the p	urpose of c	hanging	its registered
agent. La	am familiar wit	th, and accept the o	bligations of,	Section 617.0503,	Florida Sta	atutes	3.			J. 1001010. 1 110	noby docop	tilo appo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	as registered
SIGNATURE														
12.	Signature, typed	or printed name of registers		·			nt signatur	ure required wt				DATE		
TITLE	ST	OFFICERS	AND DIREC	DELETE	13.	TITLE			ADDITIO	NS/CHANGE	S TO OFFIC		-	
NAME	• •	HOWARD										Ļ	Change	e LAddition
		16 AVE 248				NAME		_			•			
STREET ADDRESS							ADDRESS	٠.			_			ļ
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NAME	_	LIECTED		☐ OCCUPA		TITLE						L	Change	Addition
		Hester Bella avenue				NAME								
STREET ADDRESS			^				ADDRESS	. م	2121			,		
CITY-ST-ZIP TITLE		GABLES, FL 0000	<u> </u>	DELETE		CITY-S	T-ZiP	3	<u> 3/34</u> .				100	
1	D	MALA P		□ DELETE		ITLE		i	,				Change	Addition
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STREET ADDRESS		W. 147 TERR					ADDRESS		unt-					
CITY+ST-ZIP TITLE	MIAMI FL	<u> </u>		DELETE		CITY-S	T-ZIP	12	3186				7 66	<u> </u>
	_	DATRICIA A		- Deceig		TITLE						L	Change	Addition
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STREET ADDRESS	2940 NW						ADDRESS				_			
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NAMÉ						EAME								
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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 13 if changed, or on an attachment with an address.