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Jan 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 33135

133 PONCE DE LEON BLVD  
CORAL GABLES FL 33135

3. Date Incorporated or Qualified

**05/15/1961**

4. FEI Number

**59-0806984**

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ 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 **BARKER, PATRICIA A.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2940 N.W. 15 ST**  
83  
84 City **MIAMI, FL** 85 Zip Code **33125**

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

*Patricia A. Barker, Treas*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-5-98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 **CORAL GABLES, FL 33134**

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 **MIAMI, FL 33125**

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 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: *Patricia A. Barker* **PATRICIA A. BARKER** **1-5-98 (305) 444-9885**

CR2E037 (10/97)