

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 704459 (7)
1. Corporation Name
PLYMOUTH CONGREGATIONAL CHURCH INC



Principal Place of Business Mailing Address
**3400 DEVON RD.
MIAMI FL 33133** **3400 DEVON RD.
MIAMI FL 33133**

3. Date Incorporated or Qualified **08/28/1962** 3a. Date of Last Report **04/19/1995**
4. FEI Number **59-0683268** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing **\$5.00 May Be
Added to Fees**
Trust Fund Contribution
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**GARDNER, CAROLYN B.
3400 DEVON RD.
MIAMI FL 33133**

10. Name and Address of New Registered Agent
81 Name **Powers, Scott A**
82 Street Address (P.O. Box Number is Not Acceptable)
3400 Devon Road
83
84 City **Miami** FL 85 Zip Code **33133**

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 *Scott A. Powers* **Scott A. Powers** **7/25/96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	MOYNAHAN, JOHN H	
STREET ADDRESS	5671 S.W. 98 TERR.	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOHRIG, DALE I	
STREET ADDRESS	735 CREMONA AVE	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	EDENS, GEORGE D	
STREET ADDRESS	925 COTORRO AVE.	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAGGARD, ARVIN	
STREET ADDRESS	8923 SW 67TH AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, RICHARD	
STREET ADDRESS	5531 RIVIERA DR	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Clark, James K	
3.3 STREET ADDRESS	3554 Palmetto Ave.	
3.4 CITY - ST - ZIP	Miami, FL. 33133	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Dale I. Goehrig* **DALE I. GOHRIG** **7/25/96** **305-381-6424**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)