

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 18, 1999 8:00 am**  
**Secretary of State**

08-18-1999 90005 010 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 704459  
 1. Corporation Name  
 PLYMOUTH CONGREGATIONAL CHURCH INC

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

6 87277 - 90005 - 10 7 \*



21	2. Principal Place of Business	2a	2a. Mailing Address	3.	Date incorporated or Qualified
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/28/1962
22	City & State	27	City & State	4.	FEI Number
	Zip	28	Zip		59-0683268
23	Country	29	Country	5.	Certificate of Status Desired
		30			<input type="checkbox"/> \$8.75 Additional Fee Required
24				6.	Election Campaign Financing Trust Fund Contribution
					<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

POWERS, SCOTT  
 3400 DEVON ROAD  
 MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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]* DATE: 8/13/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MARTINEZ, RAYMOND	1.2 NAME	SWAN, ALAN
STREET ADDRESS	15521 S.W. 79TH AVE.	1.3 STREET ADDRESS	14901 S.W. 82nd Ave.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33158
TITLE	TD	2.1 TITLE	TD
NAME	MILLER, ELIZABETH A	2.2 NAME	muench, Anyltha
STREET ADDRESS	6805 S.W. 98TH STREET	2.3 STREET ADDRESS	1699 S. Bayshore Lane
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	SD	3.1 TITLE	SD
NAME	ADERHOLDT, MARY M.	3.2 NAME	Wilson, Robert
STREET ADDRESS	5170 N.W. 101ST PLACE	3.3 STREET ADDRESS	13726 S.W. 75th Ave.
CITY-ST-ZIP	MIAMI FL 33178	3.4 CITY-ST-ZIP	Miami, FL 33158
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 8/13/99 (305)444-6521

03 (03/99)

CR2E037 (5/99)