SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 712040

(5)

1. Corporation Name																
OLD CUTLER PRESBYTERIAN CHURCH, INC.										1						
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															61 BY	
Principal Place of Business Mailing Address										1						
14401 OLD CUTLER ROAD 14401 OLD CUTLER ROAD										-	Mate Incomes	ated or Qualific			 	
MIAMI FL 33158 MIAMI FL 33158											12/29/196		θū			
										4	FEI Number	JV			Applied For	
	:										59-16492	67		ļ	Not Applicable	
	Principal Place of Business				2a. Mailing Address					_	Cardificate of C	Diatria Daalaad	XX	\$8.7	5 Additional	
21	1				26					3.	Certificate of a	Status Desired			Required	
22	Sulte, Apt. #, etc.				Sulte, Apt. #, etc.					1		oalgn Financin	9,		0 May Be	
22	City & State				City & State					Trust Fund Contribution Added to Fees						
23	City & State				28					7. Is this nonprofit corporation a homeowners association? Yes X No						
	Zip	ip Country				Zip Cour			8. This corporation			on owes or has	owes or has paid the current year Intengible			
24			25		29		30			ı		erty Tax due J		Yes	X No	
<u> </u>		9. Name	and Ad	Idress of Current	Regis	tered Agent				10.	Name and Ad	dress of New	Registere	d Agent		
							1	1 Na	ne							
	JENSEN, I						8	2 Str	et Addre	ss (P.	O. Box Numbe	er is Not Accep	otable)			
				V. JENSEN			5	3								
				D., SUITE 305			`	<u> </u>								
CORAL GABLES FL 33148							8	4 City	,				F	85 2	Zip Code	
11	Pursuant t	o the provisi	ons of se	ctions 617.0502 a	nd 617	.1508, Florida Statutes	, the above	-named	corporation	on sub	mits this state	ment for the p	urpose of ci	nanging its	registered	
	agent. I ar	egistered age n fa mil lar wit	ent, or bo th, and a	oth, in the State of iccept the obligation	rioria: ons of,	.1508, Florida Statutes a. Such change was au section 617.0503, Flor	ithorized by ida Statute	/ the co s.	poration	s boar	d of directors.	I hereby accep	pt the appoi	intment as	registered	
	GNATURE.															
Signature, typed or printed name of registered agent and title if applicable (NOTE: Regis									nature require				DATE			
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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:

Jul 16 1998 8:00am

FILED

Secretary of State