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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712040

1. Corporation Name

OLD CUTLER PRESBYTERIAN CHURCH, INC.

Principal Place of Business

**14401 OLD CUTLER ROAD
 MIAMI FL 33158**

Mailing Address

**14401 OLD CUTLER ROAD
 MIAMI FL 33158**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country **30**

3. Date Incorporated or Qualified

12/29/1966

4. FEI Number

59-1649267

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**JENSEN, ROBERT
 LAW OFFICE OF ROBERT W. JENSEN
 4675 PONCE DE LEON BLVD., SUITE 305
 CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☐ DELETE
 NAME **JOHNSON, GEORGE**
 STREET ADDRESS **6842 S.W. 144 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE **D** ☐ DELETE
 NAME **CARLSON, ROBERT**
 STREET ADDRESS **13555 SW 74TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
 NAME **ROGERS, CHARLES**
 STREET ADDRESS **7400 S.W. 105 PLACE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ DELETE
 NAME **NELSON, BRETT**
 STREET ADDRESS **7841 SW 171ST ST**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **PD** ☐ DELETE
 NAME **COOK, RICK**
 STREET ADDRESS **16775 SW 80TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☒ DELETE
 NAME **KAY, CALVIN**
 STREET ADDRESS **14950 S.W. 179 ST.**
 CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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 **VD**
 6.3 STREET ADDRESS **Kowlessar, Stanley**
 6.4 CITY-ST-ZIP **8360 SW 148 Drive**
Miami, FL 33158

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: **George S. Johnson** **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99

305/238-8121

Date

Daytime Phone #

CR2F037 (1-1/98)