

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712040

1. Entity Name

OLD CUTLER PRESBYTERIAN CHURCH, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90030 029 ****70.00

Principal Place of Business

Mailing Address

14401 OLD CUTLER ROAD
 MIAMI FL 33158

14401 OLD CUTLER ROAD
 MIAMI FLA 33158-1722

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1649267

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, GEORGE	
STREET ADDRESS	6842 S.W. 144 TERRACE	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARLSON, ROBERT	
STREET ADDRESS	13555 SW 74TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, CHARLES	
STREET ADDRESS	7400 S.W. 105 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NELSON, BRETT	
STREET ADDRESS	7841 SW 171ST ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	COOK, RICK	
STREET ADDRESS	16775 SW 80TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KOWLESSAR, STANLEY	
STREET ADDRESS	8360 SW 148 DR	
CITY-ST-ZIP	MIAMI FL 33158	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GEORGE	
STREET ADDRESS	6842 S.W. 144 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33158	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREMER, GUS	
STREET ADDRESS	8320 S.W. 162 STREET	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELGADO, MIKE	
STREET ADDRESS	13944 S.W. 107 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE, CHRIS	
STREET ADDRESS	15700 S.W. 87 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF GEORGE JOHNSON 2/14/00 305 238 8121
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)