


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90072 023 ****61.25

DOCUMENT # 714969					
1. Entity Name CORAL GABLES CONGREGATIONAL CHURCH (UNITED CHURCH OF CHRIST), INC.					
Principal Place of Business 3010 DESOTO BOULEVARD CORAL GABLES, FL 33134		Mailing Address 3010 DESOTO BOULEVARD CORAL GABLES, FL 33134			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0637827	
6. Name and Address of Current Registered Agent KING, BRUCE C 720 ESCOBAR AVE MIAMI, FL 33134				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORGAN, NANCY MS 6815 EDGEWATER DRIVE MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, BRUCE 720 ESCOBAR AVE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELAS POZAS, ANN 7200 S.W. 107 TERRACE MIAMI, FL 33152 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELAS POZAS, ANN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANS, JONATHAN 9445 S.W. 53 STREET MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(LANS) JONATHAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad		
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01242008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-0637827 Applied For Not Applied

5. Certificate of Status Desired \$8.75 Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *BC King*

3/07/08