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

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728680

(0)

## OLD CUTLER CHRISTIAN COMMUNITY SERVICES, INC

OLD CUILER CHRISTIAN COMMUNITY SERVICES, INC.												
Principal Place of Business			M	Malling Address				) (\$911)   pape (pape (pit) arras (	18 hi 90h 919h g	1831 01011 0	0     0	Binti igar
14401 OLD CUTLER ROAD MIAMI FL 33158				14401 OLD CUTLER ROAD MIAMI FL 33158				3. Date Incorporated or Qualific 01/30/1974	ed			<b></b>
				-				4. FEI Number 23-7371068				ed For Applicable
2. Principal F		ness	2a. 26	. Mailing Address				5. Certificate of Status Desired	X		<b>75</b> Ade	
Sulte, Apt. #, etc. 22			27	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
City & State			28	City & State				7. Is this nonprofit corporation a homeowners association?  Yes XX No				
Zip		Country 25	29	Zip	30 Cou			This corporation owes or has Personal Property Tax due J	s paid the cu		r Intanç	
	9. Name	and Address of Curren		tered Agent	1301	1		10. Name and Address of New			<u> </u>	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		81	Name	100 1100110 01100 11001000 01	1109/22012	rige		
JENSEN,	ROBERT W	/ ESQ.				82	Street Addre	ess (P.O. Box Number is Not Accep	ntahla)	<u> </u>	,	
		ON BLVD., SUITE 305	,				00000	(1 14 1 44 1 14 1 14 1 14 1 14 1 14 1 1	, , , , , , , , , , , , , , , , , , ,			
CORAL G	ABLES FL	33146				83						
	,					84	City		FL	85	Zip Co	de
11. Pursuant t	to the provision	ons of sections 617.0502	and 617	.1508, Florida Statutes	, the abo	ve-na	med corporati	ion submits this statement for the prison solution in the prison of directors. I hereby acceptions	urpose of cha	inging its	registe	red
				a isuco coande was al	"Ihorized	חז טח	a cornoration s					rac
agent. I ar	m famillar wit	th, and accept the obligati	lions of,	a. Such change was at section 617.0503, Flor	ithorized ida Statu	by in tes.	e corporation s	a addition displaces. I more by decep	<b>, </b>		Tegiste	red
egent. I ar SIGNATURE	m familiar wit	th, and accept the obligati	tions of,	section 617.0503, Flori	ida Statu	tes.					. registe	red
agent. I ar	m familiar wit	or printed name of registered agent	tions of,	section 617.0503, Flori f applicable. (NG	ida Statu	tes.		od when reinstating)	DATE			
egent. I ar SIGNATURE	m familiar wit	th, and accept the obligati	tions of,	section 617.0503, Flori f applicable. (NG	ida Statu XTE: Regisle	tes. red Age			DATE	ND DIRE	CTORS	
agent. I ar SIGNATURE 12.	Signature, typed PD JENSEN,	th, and accept the obligation of printed name of registered agen OFFICERS AN	tions of,	section 617.0503, Flori f applicable. (NC	ida Statu DTE: Regiale 13.	tes. red Age		od when reinstating)	DATE		CTORS	 S IN 12
agent. I as SIGNATURE 12.	Signature, typed PD JENSEN, 13151 SW	or printed name of registered agen OFFICERS AN ROBERT W V 71 AVE.	tions of,	section 617.0503, Flori f applicable. (NC	TE: Registe 13. 1.1 Ti 1.2 Ni	tes. red Age TLE AME		od when reinstating)	DATE	ND DIRE	CTORS	 S IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed PD JENSEN, 13151 SW MIAMI FL	or printed name of registered agen OFFICERS AN ROBERT W V 71 AVE.	tions of,	section 617.0503, Flori f applicable. (NC	13. 1.1 TI 1.2 N 1.3 SI 1.4 CI	red Age TLE AME TREET	ent signature require	od when reinstating)	DATE	ND DIRE	CTORS	 S IN 12
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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 cath; 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:

| James R | Harring T - 10-78 (305) 238-8/21

CR2F037 (5/98)

**FILED** 

Jul 16 1998 8:00am

Secretary of State