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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728680

1. Corporation Name

OLD CUTLER CHRISTIAN COMMUNITY SERVICES, 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

2a. Mailing Address

3. Date Incorporated or Qualified

01/30/1974

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

23-737-1068

Applied For

☐ Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

29

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JENSEN, ROBERT W ESQ.
4875 PONCE DE LEON BLVD., SUITE 305
CORAL GABLES FL 33146**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **JENSEN, ROBERT W**
STREET ADDRESS **13151 SW 71 AVE.**
CITY-ST-ZIP **MIAMI FL 33156**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **ROGERS, CHARLES F**
STREET ADDRESS **7400 SW 105 PL.**
CITY-ST-ZIP **MIAMI FL 33173**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE
NAME **HARDING, JAMES R**
STREET ADDRESS **15290 SW 72 CT.**
CITY-ST-ZIP **MIAMI FL 33158**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Johnson, George F.**
3.3 STREET ADDRESS **6842 SW 144 Ter.**
3.4 CITY-ST-ZIP **Miami, FL 33158**

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 F. Johnson **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99
Date

305-238-8121
Daytime Phone #

CR2E037 (11/98)