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Feb 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 734920 (2)

1. Corporation Name  
CHRIST CHURCH UNITED METHODIST, INC.



Principal Place of Business: 4845 N.E. 25TH AVE. FT. LAUDERDALE FL 33308  
Mailing Address: 4845 N.E. 25TH AVE. FT. LAUDERDALE FL 33308-4812

3. Date Incorporated or Qualified: 02/09/1976  
3a. Date of Last Report: 02/05/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City, State, Zip, and Country.  
4. FEI Number: 59-0931259  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

9. Name and Address of Current Registered Agent: RICKER, WILLIAM, 500 E BROWARD BLVD, 17TH FLR, FT LAUDERDALE FL 33394  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: SMITH, DONALD	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5540 NW 51 AVE	CITY-ST-ZIP: COCONUT CREEK FL	1.2 NAME:	
TITLE: VD	NAME: IUEN, ALICE	1.3 STREET ADDRESS:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2142 NE 15 TERR	CITY-ST-ZIP: WILTON MANORS FL	1.4 CITY-ST-ZIP:	
TITLE: SD	NAME: FRAZIER, ROBERT W JR.	2.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 44 CAYUGA ROAD	CITY-ST-ZIP: SEA RANCH LAKES FL	2.2 NAME:	
TITLE: D	NAME: WERTZ, DONALD	2.3 STREET ADDRESS: 3540 Bayview Drive	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4710 NE 17 TERR	CITY-ST-ZIP: OAKLAND PARK FL	2.4 CITY-ST-ZIP: Fort Lauderdale, FL 33308	
TITLE: D	NAME: CASSELBERRY, HIBBARD J	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4848 NE 23 AVE	CITY-ST-ZIP: FORT LAUDERDALE FL	3.2 NAME:	
TITLE: VD	NAME: James Kunkel	3.3 STREET ADDRESS: 6561 NE 20 Avenue	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: (blank)	CITY-ST-ZIP: (blank)	3.4 CITY-ST-ZIP: Fort Lauderdale, FL 33308	

14. I do 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.

SIGNATURE: Robert W. Frazier  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Robert W. Frazier  
DATE: 2-10-97  
954-221-7300

CR2E037 (9/96)