

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **735793** (2)
1. Corporation Name
CUTLER RIDGE UNITED METHODIST CHURCH, INC.



Principal Place of Business Mailing Address
20740 OLD CUTLER ROAD MIAMI FL 33189 **20740 OLD CUTLER ROAD MIAMI FL 33189**

3. Date Incorporated or Qualified **05/10/1976** 3a. Date of Last Report **08/14/1995**
4. FEI Number **59-1718950** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**WOODARD, THOMAS W.
20740 OLD CUTLER ROAD
MIAMI FL 33189**

10. Name and Address of New Registered Agent
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 617.003, Florida Statutes.

SIGNATURE: *Thomas W. Woodard* **Thomas W. Woodard, Pastor** **2-5-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD **TABB, DURBIN** **9850 BAHAMA DR MIAMI FL** DELETE
D **SCOTT, RON** **9101 SW 201 ST MIAMI FL** DELETE
T **CELESTE, ENGEL** **18440 SW 79 CT MIAMI FL** DELETE
D **CRAWFORD, MARIELLE** **19605 SW 87 PL MIAMI, FL 00000** DELETE
 DELETE
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD Change Addition
1.2 NAME **Lyon, William**
1.3 STREET ADDRESS **8580 SW 208 St.**
1.4 CITY-ST-ZIP **Miami, FL 33189**
2.1 TITLE D Change Addition
2.2 NAME **Welsh, Jean**
2.3 STREET ADDRESS **18680 SW 89 Ct.**
2.4 CITY-ST-ZIP **Miami, FL 33157** Change Addition
3.1 TITLE T
3.2 NAME **Tabb, Anne P.**
3.3 STREET ADDRESS **9850 Bahama Dr.**
3.4 CITY-ST-ZIP **Miami, FL 33189** Change Addition
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Anne P. Tabb* **Anne P. Tabb, treasurer** **2-5-96** **305-235-6651**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)