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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

Principal Place of Business

735793

Mailing Address

CUTLER RIDGE UNITED METHODIST CHURCH, INC.

20740 OLD CUTLER ROAD MIAMN FL 33189			20740 OLD CUTLER ROAD MIAMI FL 33189-2451				
					3. Date Incorporated or Qualified 05/10/1976	3a. Date of Last F 02/09/19	eport 96
2. Principal F	Place of Business	2a. Mailing Addres	2a. Mailing Address		4. FEI Number	A	plied For
21		26			59-1718950	No	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	sired \$8.75 Additional Fee Required	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	☐ Added	
Ζφ	Country	Zip	Coun	try	8. This corporation has liability for		. 199.032,
24	25	29	30			Yes No	
	9. Name and Addres	s of Current Registered Agent		 	10. Name and Address of New R	egistered Agent	
				Name	Robinson, Esther L	• •	
WOODARD, THOMAS W.			Ĩ	Street A	ddress (P.O. Box Number is Not Accepte	ible)	
20740 OLD CUTLER ROAD			ļ <u>.</u>		20740 Old Cutler R	oad	
MIAMI F	L 33189			13			
			Ţ	34 City	Miami	FL 85 331	Code 89
11. Pursuant	to the provisions of Section	oris 617.0502 and 617.1508, Florida	Statutes, the abo	ove-named o	corporation submits this statement for the	purpose of changing I	ts registered
office or	registered agent, or both, am familiar with, aa d acce	in the State of Florida. Such change of the obligations of Section 617.0	e was authorized 503. Florida Statu	by the corportes.	corporation submits this statement for the oration's board of directors. I hereby acce	ept the appointment as	registered
agen. T	9 7/	- P Walle	-	,,,,,		2-1710	9-1
Signature, typed or printed name of registered agent and tille if applicable. (NOTE: I				Apeni signature re	equired when reinstating)	DATE	
12.		FICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	PD	XX DELI		1	Tr	X Change	Addition
NAME	LYON, WILLIAM	_	1.2 NAM	·- I	O'Hara, William	_	
STREET ADDRESS	8580 SW 208TH ST			EET ADDRESS	9460 Caribbean Blv	ď	
CITY - ST - ZIP	I MIAMI FL			/ a = = a]			
			1.4 CITY		Miami, FL 33189		1.100
TATLE	D	XX DELU	ETE 2.1 TITL	E	P/D	∑ Change	Addition
NAME	D Welsh, Jean		ETE 2.1 TITE 2.2 NAM	E AE	P/D Bardsley, Dorothy	Ç Change	☐ Addition
NAME STREET ADDRESS	D WELSH, JEAN 18680 SW 89TH CT		2.1 TITE 2.2 NAM 2.3 STR	E ME EET ADORESS	P/D Bardsley, Dorothy 19741 SW 100 Ave.	Ç Change	Addition
NAME STREET ADDRESS CITY+ST-ZIP	D Welsh, Jean	Ţ	ETE 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIF	E ME EET ADDRESS Y-ST-ZIP	P/D Bardsley, Dorothy	• • • • • • • • • • • • • • • • • • •	
NAME STREET ADDRESS CITY - ST - ZIP TITLE	D WELSH, JEAN 18680 SW 89TH CT MIAMI FL T		2.1 TITE 2.1 TITE 2.2 NAM 2.3 STR 2.4 CIF	E AE EET ADDRESS Y-ST-ZIP E	P/D Bardsley, Dorothy 19741 SW 100 Ave.	Ç Change ☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D WELSH, JEAN 18680 SW 89TH CT MIAMI FL T TABB, ANNE P	Ţ	2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT ETE 3.1 TITL 3.2 NAN	E AE EET ADDRESS Y-ST-ZIP E AE	P/D Bardsley, Dorothy 19741 SW 100 Ave.	• • • • • • • • • • • • • • • • • • •	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D WELSH, JEAN 18680 SW 89TH CT MIAMI FL T TABB, ANNE P 9850 BAHAMA DR	Ţ	ETE 2.1 TITL 22 NAM 23 STR 2.4 CIT 31 TITL 32 NAM 33 STR	E ME EET ADDRESS Y-ST-ZIP E ME EET ADDRESS	P/D Bardsley, Dorothy 19741 SW 100 Ave.	• • • • • • • • • • • • • • • • • • •	
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	D WELSH, JEAN 18680 SW 89TH CT MIAMI FL T TABB, ANNE P 9850 BAHAMA DR MIAMI FL	T DELI	ETE 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR 3.4 CIT	E AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP	P/D Bardsley, Dorothy 19741 SW 100 Ave.	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	D WELSH, JEAN 18680 SW 89TH CT MIAMI FL T TABB, ANNE P 9850 BAHAMA DR MIAMI FL	T DELI	ETE 2.1 TITL 22 NAM 23 STR 2.4 CIF 31 TITL 32 NAM 33 STR 3.4 CIF 4.1 TITL ETE 4.1 T	E AE AE EET ADDRESS Y-ST-ZIP E AE AE AE AE ADDRESS Y-ST-ZIP E ADDRESS Y-ST-ZIP E	P/D Bardsley, Dorothy 19741 SW 100 Ave.	• • • • • • • • • • • • • • • • • • •	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D WELSH, JEAN 18680 SW 89TH CT MIAMI FL T TABB, ANNE P 9850 BAHAMA DR MIAMI FL D CRAWFORD, MARII	T DELI	ETE 2.1 TITL 22 NAM 23 STR 2.4 CIT 31 TITL 32 NAM 33 STR 34. CIT 4.1 TITL 4.2 NAM	E AE AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E ME	P/D Bardsley, Dorothy 19741 SW 100 Ave.	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D WELSH, JEAN 18680 SW 89TH CT MIAMI FL T TABB, ANNE P 9850 BAHAMA DR MIAMI FL D CRAWFORD, MARII 19605 SW 87 PL	T DELI	ETE 2.1 TITL 22 NAM 23 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 4.1 TITL 4.2 NAM 4.3 STR	E AE AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E ME EET ADDRESS ME EET ADDRESS	P/D Bardsley, Dorothy 19741 SW 100 Ave.	☐ Change	☐ Addition
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6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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.

STREET ADDRESS

FILED

Feb 17 1997 8:00am

Secretary of State