FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1000				
DOCUI 1. Corporatio	MENT # 73579	3 (2)			
CUTLE	R RIDGE UNITED METHOD	DIST CHURCH, INC.			
Principal Plac	e of Business	Mailing Address		3 JAALIN SOODA KIND, OKIND KOND KOND INN ONDIS S	TON THOSE DISTRIBUTION OF THE STATE
20740 OLD CU MIAMI FL 3318		20740 OLD CUTLER ROAD MIAMI FL 33189		3. Date Incorporated or Qualified 05/10/1976 4. FEI Number	Applied For
2. Principal P	lace of Business	2a. Mailing Address		59-1718950	Not Applicable
21	tudo de Basilloso	26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		Sulte, Apt. #, etc.	<u> </u>	6. Election Campaign Financing	\$5.00 May Be
22 27 City & State		City & State	-	Trust Fund Contribution	Added to Fees
23	•	28 State		7. Is this nonprofit corporation a homeowne	rs association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25		30		Yes X No
	9. Name and Address of Currer	it Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
ROBINSON, ESTHER L. 20740 OLD CUTLER ROAD			82 Street Addr	ress (P.O. Box Number Is Not Acceptable)	
MIAMI FL 33189		83			
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 617 050	2 and 617 1508 Florida Statuter	the above-named corr	FL poration submits this statement for the purpose of	of changing its registered
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	Esther L Rob	in 20 h	ida didicijos.	3-24-	98
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Agent signature requir	red when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition
NAME	O'HARA, WILLIAM		1.2 NAME		CT Olongo CT Addition
STREET ADDRESS	9460 CARRIBBEAN BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BARDSLEY, DOROTHY		2.2 NAME		!
STREET ADDRESS CITY-ST-ZIP	19741 SW 100 AVE. MIAMI FL		2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
TITLE	T T T	☐ DELETE	3.1 TITLE		Change Addition
NAME	TABB, ANNE P		3.2 NAME		
STREET ADDRESS	9850 BAHAMA DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	The same	3.4. CITY-ST-ZIP		
TITLE	D Crawford, Marielle	DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS	19605 SW 87 PL		4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		4.4 CITY-ST-ZIP		
TITLE	The strip of the s	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		The priore	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME expect announces			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 chapped, or on an attachment with an address.

SIGNATURE:

FILED

Mar 27 1998 8:00am

Secretary of State

3-24-98 305235-6651