
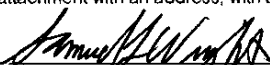


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90066 047 \*\*\*\*61.25

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # 735793</b>  |  |  |  |  |  |
| 1. Entity Name<br><b>CUTLER RIDGE UNITED METHODIST CHURCH, INC.</b>   |  |  |  |   |  |
| Principal Place of Business<br><b>20740 OLD CUTLER ROAD<br/>MIAMI FL 33189</b>  |  |  | Mailing Address<br><b>20740 OLD CUTLER ROAD<br/>MIAMI FL 33189</b> |   |  |
| 2. Principal Place of Business  |  |  | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc.  |   |  |
| City & State  |  |  | City & State   |   |  |
| Zip   | Country  | Zip  | Country  | 4. FEI Number<br><b>59-1718950</b>  |  |
|   |  |  |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent                        |   |  |
| <b>WRIGHT, SAMUEL<br/>20740 OLD CUTLER ROAD<br/>MIAMI FL 33189</b>  |  |  | Name   |   |  |
|   |  |  | Street Address (P.O. Box Number is Not Acceptable)                 |   |  |
|   |  |  | City   |   |  |
|   |  |  | <b>FL</b>  |   | Zip Code   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |  |  |  |   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make Check Payable to Florida Department of State</b>  |  |  |  |   |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10              |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TR<br>GAINES, BRIDGET<br>561 MANTA DRIVE<br>MIAMI FL 33189         | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | TR<br>Donna Tunks<br>18710 SW 99 Road<br>Miami, FL 33157                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CH<br>TUNKS, STEVE<br>18710 SW 99 RD<br>MIAMI FL 33157             | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | CH<br>Peggy Courtright<br>9510 Montego Bay Drive<br>Miami, FL 33189               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CF<br>MCCLARY, TOM<br>9395 NASSAU DR.<br>MIAMI FL 33189            | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>WARD, RANDALL<br>13751 SW 280TH TERRACE<br>HOMESTEAD FL 33033 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TR<br>BATEY, FLOYD<br>10078 SW 222ND STREET<br>MIAMI FL 33189      | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | TR<br>Ron Robinette<br>9434 Sterling Drive<br>Miami, FL 33157                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>WRIGHT, SAMUEL<br>19821 SW 81ST COURT<br>MIAMI FL 33189       | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |  |   |  |
| <b>SIGNATURE:</b>    |  | Samuel L. Wright, Ph.D.  |  | 2/2/05 305-235-6651   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  |  |   |  |