FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738919 (0)

1. Corporation Name
FIRST UNITARIAN CHURCH OF MIAMI, FLORIDA

Principal Place of Business	Mailing Address
7701 S.W. 76 AVENUE MIAMI FL 33143	7701 S.W. 76 AVENUE MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/13/1977
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-0774186 (Applied For / Not Applicable)

2. Principal Place of Business 21: 7701 S.W. 76 Ave.	2a. Mailing Address 26: 7701 S.W. 76 Ave.	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23: Miami, FL	City & State 28: Miami, FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
Zip 24: 33143 Country 25: U.S.A.	Zip 29: 33143 Country 30: USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCARTHUR, JANICE
9172 SW 95TH AVE.
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name: ELEANOR GROSSMAN
82 Street Address (P.O. Box Number is Not Acceptable): 9880 S.W. 72 Ave.
83: Miami
84 City: FL 85 Zip Code: 33156

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Eleanor L. Grossman, President Eleanor L. Grossman DATE: 4/30/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☑ Change ☐ Addition
NAME	MCARTHUR, JANICE	12 NAME	ELEANOR GROSSMAN
STREET ADDRESS	9172 SW 95TH AVE.	13 STREET ADDRESS	9880 S.W. 72 Ave.
CITY-ST-ZIP	MIAMI FL 33176	14 CITY-ST-ZIP	Miami, FL 33156
TITLE	VD	21 TITLE	☑ Change ☐ Addition
NAME	GROSSMAN, ELEANOR	22 NAME	D. SUSAN NICKERSON
STREET ADDRESS	9880 S W 72ND AVENUE	23 STREET ADDRESS	6600 S.W. 63 AVE.
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, FL 33143
TITLE	VD	31 TITLE	☑ Change ☐ Addition
NAME	ASGEIRSON, JOHN	32 NAME	D MARY ELIZABETH TAYLOR
STREET ADDRESS	5510 SW 76 STREET D	33 STREET ADDRESS	7011 S.W. 64 CT.
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami, FL 33143
TITLE	S	41 TITLE	☑ Change ☐ Addition
NAME	MYLENKI, KATHERINE	42 NAME	T. JOHN BOST
STREET ADDRESS	6550 SW 75 TERR.	43 STREET ADDRESS	231 S.W. 55 ST.
CITY-ST-ZIP	MIAMI FL 33143	44 CITY-ST-ZIP	Miami, FL 33134
TITLE	T	51 TITLE	Tr ☑ Change ☐ Addition
NAME	WIGGERT, BETH	52 NAME	John Asgeirson
STREET ADDRESS	6945 S W 115 STREET	53 STREET ADDRESS	5510 S.W. 76 ST.
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	Miami, FL 33143
TITLE		61 TITLE	clerk ☑ Change ☐ Addition
NAME		62 NAME	LISA ZWEBEN
STREET ADDRESS		63 STREET ADDRESS	6755 N. KENDALL Dr.
CITY-ST-ZIP		64 CITY-ST-ZIP	Miami, FL 33156

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)(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: Eleanor L. Grossman 4/30/95 305-665-9809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Eleanor L. Grossman

0042630