

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 # 738919 (0)

1. Corporation Name

FIRST UNITARIAN CHURCH OF MIAMI, FLORIDA



Principal Place of Business

7701 S.W. 76 AVENUE
MIAMI FL 33143

Mailing Address

7701 S.W. 76 AVENUE
MIAMI FL 33143

3. Date Incorporated or Qualified

05/13/1977

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0774186

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROSSMAN, ELEANOR
9880 SW 72ND AVE.
MIAMI FL 33156

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7701 S.W. 76 AVENUE

83

84 City MIAMI,

FL

85

Zip Code

33143

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

Eleanor R. Grossman
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/5/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCARTHUR, JANICE	
STREET ADDRESS	9880 SW 72ND AVE.	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NICKERSON, SUSAN	
STREET ADDRESS	6600 SW 63RD AVE.	
CITY - ST - ZIP	MIAMI FL 33134	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ELIZABETH TAYLOR, MARY	
STREET ADDRESS	7011 SW 64TH CT.	
CITY - ST - ZIP	MIAMI FL 33143	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BOST, JOHN	
STREET ADDRESS	231 SW 55TH ST.	
CITY - ST - ZIP	MIAMI FL 33143	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	ASGEILSON, JOHN	
STREET ADDRESS	5510 SW 76TH ST.	
CITY - ST - ZIP	MIAMI FL 33143	
TITLE	C	<input type="checkbox"/> DELETE
NAME	ZWEBEN, LISA	
STREET ADDRESS	6755 N. KENDALL DR.	
CITY - ST - ZIP	MIAMI FL 33156	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GROSSMAN, ELEANOR	
1.3 STREET ADDRESS	9880 SW 72ND AVE	
1.4 CITY - ST - ZIP	MIAMI, FL 33156	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FINKELMAN, GERTRUDE	
6.3 STREET ADDRESS	7747 SW 119 COURT	
6.4 CITY - ST - ZIP	MIAMI, FL 33183	

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:

Eleanor R. Grossman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELEANOR R. GROSSMAN

2/5/96

DATE

305-667-3697

DAYTIME PHONE #

CR2E037 (12/95)