

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33143-4125
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/13/1977	3a. Date of Last Report 04/25/1996
				4. FEI Number 59-0774186	Applied For Not Applicable
				5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent GROSSMAN, ELEANOR 7701 SW 76 AVE MIAMI FL 33143		10. Name and Address of New Registered Agent 81 Name LINGSWILER, ALICE K. 82 Street Address (P.O. Box Number is Not Acceptable) 10335 SW 42 STREET 83 84 City MIAMI FL 85 Zip Code 33165	
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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 *Alice K. Lingswiler* DATE **3/12/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GROSSMAN, ELEANOR 9880 SW 72ND AVE. MIAMI FL	1.1 TITLE	P/TR LINGSWILER, ALICE K. 10335 SW 42 STREET MIAMI, FL 33165
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D NICKERSON, SUSAN 6600 SW 63RD AVE. MIAMI FL 33134	2.1 TITLE	V/TR JACOBBER, ROBERT 12130 SW 107 AVENUE MIAMI, FL 33176
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD ELIZABETH TAYLOR, MARY 7011 SW 64TH CT. MIAMI FL	3.1 TITLE	V/TR SHOOK, THOMAS 1454 MENDAVIA AVENUE MIAMI, FL 33146
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T BOST, JOHN 231 SW 55TH ST. MIAMI FL 33143	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TR ASGEILSON, JOHN 5510 SW 76TH ST. MIAMI FL 33143	5.1 TITLE	T/TR WORSDALE, MARK 6750 SW 74 STREET MIAMI, FL 33143
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	S FINKELMAN, GERTRUDE 7747 SW 119 COURT MIAMI FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Alice K. Lingswiler* DATE **3/12/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **0030143**

CR2E037 (9/96)