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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 05/13/1977	4. FEI Number 59-0774186	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Country 25 Country 29 Country 30 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LINGSWILER, ALICE K
10335 SW 42ND ST
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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, President Alice K. Lingswiler January 21, 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTR	<input type="checkbox"/> DELETE
NAME	LINGSWILER, ALICE K	
STREET ADDRESS	10335 SW 42ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTR	<input checked="" type="checkbox"/> DELETE
NAME	JACOBER, ROBERT	
STREET ADDRESS	12130 SW 107TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTR	<input type="checkbox"/> DELETE
NAME	SNOOK, THOMAS	
STREET ADDRESS	1454 MENDAVIA AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BOST, JOHN	
STREET ADDRESS	231 SW 55TH ST.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	TTR	<input type="checkbox"/> DELETE
NAME	WORSDALE, MARK	
STREET ADDRESS	6750 SW 74TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FINKELMAN, GERTRUDE	
STREET ADDRESS	7747 SW 119 COURT	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<u>Executive V.P.</u> <input checked="" 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	<u>Secretary</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<u>NOREEN A. Oberpriller</u>
6.3 STREET ADDRESS	<u>6467 SW 9 Street</u>
6.4 CITY-ST-ZIP	<u>Miami Fl. 33144</u>

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 changed, or on an attachment with an address.

SIGNATURE: Alice K. Lingswiler **ALICE K. LINGSWILER** 1/21/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (10/97)