

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 # **761392** (0)

1. Corporation Name

**THE UNIVERSITY BAPTIST CHURCH OF CORAL GABLES, I
NC.**



Principal Place of Business

**624 ANASTASIA AVE
CORAL GABLES FL 33134**

Mailing Address

**624 ANASTASIA AVE
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified
01/08/1982

3a. Date of Last Report
04/24/1995

4. FEI Number

59-2159443

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

10. Name and Address of New Registered Agent

GLASS, W. REEDER, ATTY. AT LAW

**1200 BRICKELL AVE 701 BRICKELL AVE, STE 3000
MIAMI FL 33134-33101**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD WHITE, WILLIAM W**
STREET ADDRESS **12740 SW 71ST AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **VD WIDEMAN, DAVID M.**
STREET ADDRESS **5480 SW 80TH ST**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **VD SHAFER, ROBERT J. J**
STREET ADDRESS **817 SEVILLA AVENUE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☒ DELETE

NAME **SD WOOD, SUE ELLEN**
STREET ADDRESS **1426 SANTA CRUZ**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME **TD BARTELT, ROBERT**
STREET ADDRESS **1222 GENOA STREET**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME **ASD PONCETT, TONY**
STREET ADDRESS **9807 COSTA DEL SOL BLVD.**
CITY-ST-ZIP **MIAMI SPRINGS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **VD Roy Wood**
1.3 STREET ADDRESS **1426 Santa Cruz**
1.4 CITY-ST-ZIP **Coral Gables, FL 33134**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **SD George Alexander**
2.3 STREET ADDRESS **15400 SW 47 Street**
2.4 CITY-ST-ZIP **Miami, FL 33185**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **ASD PONCETT, TONY**
6.3 STREET ADDRESS **9807 COSTA DEL SOL BLVD**
6.4 CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

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: **David M. Wideman** **David M. Wideman** **4/3/96** **(305) 448-4425**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)