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Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761392 (0)

1. Corporation Name

THE UNIVERSITY BAPTIST CHURCH OF CORAL GABLES, I
NC.

Principal Place of Business

Mailing Address

624 ANASTASIA AVE
CORAL GABLES FL 33134

624 ANASTASIA AVE
CORAL GABLES FL 33134-6404



3. Date Incorporated or Qualified
01/08/1982

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-2159443

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

10. Name and Address of New Registered Agent

GLASS, W. REEDER, ATTY. AT LAW
701 BRICKELL AVE SUITE 300
MIAMI FL 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	PD	☐ DELETE
NAME	WHITE, WILLIAM W	
STREET ADDRESS	12740 SW 71ST AVE.	
CITY-ST-ZIP	MIAMI FL	

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

TITLE	VD	☒ DELETE
NAME	WOOD, ROY	
STREET ADDRESS	1426 SANTA CRUZ	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	SD	☒ DELETE
NAME	ALEXANDER, GEORGE	
STREET ADDRESS	15400 SW 47 STREET	
CITY-ST-ZIP	MIAMI FL	

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

TITLE	ASD	☒ DELETE
NAME	PONCETI, TONY	
STREET ADDRESS	9807 COSTA DEL SOL BLVD.	
CITY-ST-ZIP	MIAMI SPRINGS FL	

1.1 TITLE	VD	☐ Change ☒ Addition
1.2 NAME	Frank Jimenez, Jr	
1.3 STREET ADDRESS	5936 SW 11th Street	
1.4 CITY-ST-ZIP	Miami, Florida 33144	

2.1 TITLE	SD	☐ Change ☒ Addition
2.2 NAME	Dr. David Sumanth	
2.3 STREET ADDRESS	8501 SW 151st Street	
2.4 CITY-ST-ZIP	Miami, Florida 33150	

3.1 TITLE	TD	☐ Change ☒ Addition
3.2 NAME	Charles Boyce	
3.3 STREET ADDRESS	7420 SW 132nd Street	
3.4 CITY-ST-ZIP	Miami, Florida 33156	

4.1 TITLE	ASD	☐ Change ☒ Addition
4.2 NAME	Sue Wood	
4.3 STREET ADDRESS	1426 Santa Cruz	
4.4 CITY-ST-ZIP	Coral Gables, Florida 33134	

5.1 TITLE	ATD	☐ Change ☒ Addition
5.2 NAME	Mark Leshner	
5.3 STREET ADDRESS	10821 SW 121 Street	
5.4 CITY-ST-ZIP	Miami, Florida 33176	

6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

CR2E037 (9/96)