FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

POCUMENT #

761392

(0)

FILED May 20 1998 8:00am Secretary of State

THE UNIVERSITY BAPTIST CHURCH OF CORAL GABLES, I								
Principal Place of Business Mailing Address						I SOBLECTION ALION CLORE STEED IN THE STATE OF THE STATE	#811 B1811 B1814 D18	#
624 ANASTASIA AVE CORAL GABLES FL 33134 CORAL GABLES FL 33134			34			3. Date Incorporated or Qualified 01/08/1982		
						4. FEI Number 59-2159443		plied For t Applicable
	Place of Business	2a. Mailing Address				5. Certificate of Status Desired	\$8.75 A	Additional
Suite, Apt.	# etc		Suite, Apt. #, etc.			& Stantian Opposite Standard	Fee Re	
22			27			6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
City & State		City & State				7. Is this nonprofit corporation a homeown	ers association	1?
23	-	28				☐ Yes	□ No	
Z ip	Country	Zip		ountry		8. This corporation owes or has paid the o		
24	25 S. Name and Address of Curre	29] ent Registered Agent	30	٦	·····	Personal Property Tax due June 30. 10. Name and Address of New Registered] No
				81	Name			
GLASS, W. REEDER , ATTY. AT LAW				82	Ctroot Arte	Address (P.O. Box Number is Not Acceptable)		
	CKELL AVE SUITE 300			62	Street Add	ress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33101				83				
				84	City		85 Zip C	onde.
					•	F	L ``	
11. Pursuant office or r	to the provisions of Sections 617,05 registered agent, or both, in the Stat	02 and 617.1508, Florida State of Florida, Such change wa	tutes, the a	above ed by	-named corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its	s registered registered
agent. I a	m familiar with, and accept the obli	gations of, Section 617.0503,	Florida Sta	atutes		and the second of second of the second of th	gonnarion do i	giolorou
SIGNATURE	<u> </u>							
12.	Signature, typed or printed name of registered at OFFICERS At	DENT and INIO IT APPRICABLE. (N	13.		ni signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	S IN 12
TITLE	PD	DELETE		TITLE			Change	Addition
NAME	WHITE, WILLIAM W		1.2)	NAME				
STREET ADDRESS	12740 SW 71ST AVE.		1.3 5	1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL	<u></u>						
TITLE			1.4 (CITY-\$1	T-ZIP			
	l '-	☐ DELETE		CITY-ST TITLE	T-ZIP		Change	☐ Addition
NAME	WIDEMAN, DAVID M.	☐ DELETE	2.17		T-ZIP		Change	☐ Addition
STREET ADDRESS	WIDEMAN, DAVID M. \$480 SW 80TH ST	☐ DELETE	2.1 T 2.2 M	TATLE NAME	r-zip Address		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	WIDEMAN, DAVID M. 5480 SW 80TH ST MIAMI FL		2.11 2.21 2.35 2.4	TITLE NAME STREET : CITY-S	ADDRESS T-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE	WIDEMAN, DAVID M. 5480 SW 80TH ST MIAMI FL VO	DELETE	2.11 2.24 2.35 2.4 3.11	TITLE NAME STREET : CITY-S TITLE	ADDRESS	AND Plansence	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	WIDEMAN, DAVID M. 5480 SW 80TH ST MIAMI FL VO JIMENEZ, FRANK J		2.11 2.21 2.35 2.4 3.11 3.21	TITLE NAME STREET CITY-S TITLE NAME	ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WIDEMAN, DAVID M. 5480 SW 80TH ST MIAMI FL VD JIMENEZ, FRANK J 5936 S.W. 11TH STREET		2.11 2.21 2.35 2.4 3.11 3.21 3.35	TATLE NAME STREET, CITY-S TITLE NAME STREET,	ADDRESS IT-ZIP	AVIO R. Lawrence izs San Lorenzo Ame	Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WIDEMAN, DAVID M. 5480 SW 80TH ST MIAMI FL VD JIMENEZ, FRANK J 5936 S.W. 11TH STREET MIAMI BEACH FL	DE DELETE	2.11 2.21 2.35 2.4 3.11 3.21 3.35 3.4.1	TITLE NAME STREET I CITY-S TITLE NAME STREET I CITY-S	ADDRESS IT-ZIP ADDRESS T-ZIP	AVID R. Lawrence izs San Lorenzo Are Loral Gables, FL 33134	⊠ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	WIDEMAN, DAVID M. \$480 SW 80TH ST MIAMI FL VD JIMENEZ, FRANK J \$936 S.W. 11TH STREET MIAMI BEACH FL \$D		2.17 2.2 M 2.3 S 2.4 3.17 3.2 M 3.3 S 3.4.1	TITLE NAME STREET, CITY-S TITLE NAME STREET, CITY-S	ADDRESS IT-ZIP ADDRESS T-ZIP S O	AVID R.Lawrence 125 San Lorenzo Are Loral Gables, FL 33134 D Lenise West	Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WIDEMAN, DAVID M. \$480 SW 80TH ST MIAMI FL VD JIMENEZ, FRANK J \$936 S.W. 11TH STREET MIAMI BEACH FL \$D SUMANTH, DAVID D	DE DELETE	2.17 2.21 2.35 2.4 3.17 3.21 3.35 3.4.1 4.17 4.21	TITLE NAME STREET, CITY-S TITLE NAME STREET, CITY-S TITLE NAME	ADDRESS IT-ZIP ADDRESS T-ZIP S O	AVID R.Lawrence 125 San Lorenzo Are Loral Gables, FL 33134 D Lenise West	⊠ Change	Addition
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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.

5/6/98