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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761392

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 01/08/1982

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

9. Name and Address of Current Registered Agent

GLASS, W. REEDER, ATTY. AT LAW
701 BRICKELL AVE SUITE 300
MIAMI FL 33101

10. Name and Address of New Registered Agent

81 Name: Marcos Jimenez
82 Street Address (P.O. Box Number is Not Acceptable)
83: 10485 SW 70th Avenue
84 City: MIAMI FL 85 Zip Code: 33156

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 _____ DATE 4/16/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, WILLIAM W		1.2 NAME		
STREET ADDRESS	12740 SW 71ST AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WIDEMAN, DAVID M.		2.2 NAME		
STREET ADDRESS	5480 SW 80TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	LAWRENCE, DAVID R		3.2 NAME	Kimbrell, Charles	
STREET ADDRESS	525 SAN LORENZO AVENUE		3.3 STREET ADDRESS	10500 SW 43rd Street	
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4 CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WEST, DENISE		4.2 NAME		
STREET ADDRESS	5325 ORDUNA DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	BOYCE, CHARLES		5.2 NAME	Bartelt, Robert	
STREET ADDRESS	7420 S.W. 132ND ST.		5.3 STREET ADDRESS	1222 Genoa Street	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	ASD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PONCETI, TONY		6.2 NAME		
STREET ADDRESS	9807 COSTA DEL SOL BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/24/99 305-448-4425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #