2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#761392

FILED Jan 04, 2007 Secretary of State

Entity Name: THE UNIVERSITY BAPTIST CHURCH OF CORAL GABLES, INC.

Current Principal Place of Business: New Principal Place of Business: 624 ANASTASIA AVE CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 624 ANASTASIA AVE CORAL GABLES, FL 33134 FEI Number: 59-2159443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: ADAMS, RON A ADAMS, RON A 200 S. BISCAYNE BOULEVARD 2525 PÓNCE DE LEON BOULEVARD SUITE 4000 SUITE 625 MIAMI, FL 33131 US CORAL GABLES, FL 33134 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: 01/04/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WHITE, WILLIAM W Name: Name: 12740 SW 71ST AVE. Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: VD Title: () Delete () Change () Addition WIDEMAN, DAVID M., Name: Name: Address: 3130 SEGOVIA N Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: VD. () Delete Title: VD (X) Change () Addition KIMBRELL, CHARLES Name: LYNE, KEN Name: 8295 SW 92ND STREET Address: Address: 8200 SW 101ST AVENUE City-St-Zip: MIAMI, FL 33156 City-St-Zip: MIAMI, FL 33157 Title: SD () Delete Title: () Change () Addition Name: MOSKOWITS, MIKE Name: Address: 16112 SW 74TH PLACE Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: () Delete Title: (X) Change () Addition RAFFALSKI, PETER QUIRANTES, TULIO JR. Name: Name: 5885 SW 118TH STREET 6590 SW 11TH STREET Address: Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: MIAMI, FL 33156 Title: () Delete Title: (X) Change () Addition MOON, JAMES LANE CHRIS Name: Name: Address: 10360 SW 97TH TERRACE Address: 25850 SW 193RD AVENUE MIAMI, FL 33176 City-St-Zip: HOMESTEAD, FL 33031 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM W WHITE PD 01/04/2007