2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008
Secretary of State

DOCUMENT# 761392

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

Current Principal Place of Business:

624 ANASTASIA AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

624 ANASTASIA AVE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-2159443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, RON A
2525 PONCE DE LEON BOULEVARD
SUITE 625
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WHITE, WILLIAM W	
Address:	12740 SW 71ST AVE.	
City-St-Zip:	MIAMI, FL	
Title:	VD	( ) Delete
Name:	WIDEMAN, DAVID M.,	
Address:	3130 SEGOVIA N	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	VD	( ) Delete
Name:	LYNE, KEN	
Address:	8200 SW 101ST AVENUE	
City-St-Zip:	MIAMI, FL 33157	
Title:	SD	( ) Delete
Name:	MOSKOWITS, MIKE	
Address:	16112 SW 74TH PLACE	
City-St-Zip:	MIAMI, FL 33157	
Title:	TD	( ) Delete
Name:	QUIRANTES, TULIO JR.	
Address:	6590 SW 11TH STREET	
City-St-Zip:	MIAMI, FL 33156	
Title:	ASD	( ) Delete
Name:	LANE, CHRIS	
Address:	25850 SW 193RD AVENUE	
City-St-Zip:	HOMESTEAD, FL 33031	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	WOOD, ROY JR	
Address:	1426 SANTA CRUZ	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	SD	(X) Change ( ) Addition
Name:	FREY, ANA	
Address:	9241 SW 52ND TERRACE	
City-St-Zip:	MIAMI, FL 33165	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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 02/20/2008
Electronic Signature of Signing Officer or Director — Date