

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # **764984** (1)
1. Corporation Name
THE COUNSELING MINISTRY OF SOUTH FLORIDA, INC.



Principal Place of Business Mailing Address
3010 DESOTO BLVD **3010 DESOTO BLVD**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134-6317**
US **US**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

3. Date Incorporated or Qualified **09/13/1982** 3a. Date of Last Report **05/01/1996**
4. FEI Number **NOT APPLICABLE** Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CUTLER, A. BUDD
S-900 444 BRICKELL AVENUE
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name **Cutler, A. Budd**
82 Street Address (P.O. Box Number is Not Acceptable) **241 Sevilla Avenue, Suite 805**
83
84 City **Coral Gables** FL 85 Zip Code **33145**

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|--------------------|---------------------------|----------------------|-------------------------------------|
| SD | FELDMAN, JUDY | 13085 ORTEGA LANE | NORTH MIAMI FL 33181 | <input type="checkbox"/> |
| P | SCHWEITZER, JOYCE | 485 NW 210 STREET APT 205 | MIAMI FL 33188 | <input checked="" type="checkbox"/> |
| TD | ANDERS, DR. WALTER | 78 N.E. 156TH ST. | MIAMI FL | <input checked="" type="checkbox"/> |
| DM | ANGOTTI, KAREN | 3010 DESOTO BLVD | CORAL GABLES FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|---------------------|--------------------|-----------------|--------------------------|-------------------------------------|
| T | Phillips, Rev. John | 13287 SW 124 ST | Miami, FL 33186 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)