

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jul 29 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT - 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000002720 (1)**  
 1. Corporation Name  
**PLYMOUTH CONGREGATIONAL CHURCH FOUNDATION, INC.**



Principal Place of Business <b>3400 DEVON ROAD MIAMI FL 33133</b>	Mailing Address <b>3400 DEVON ROAD MIAMI FL 33133-6202</b>
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3. Date Incorporated or Qualified <b>06/17/1993</b>	3a. Date of Last Report <b>01/25/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number <b>65-0433596</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**GRAGG, K L  
 200 SOUTH BISCAYNE BLVD.  
 SUITE 4900  
 MIAMI FL 33131**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	GRAGG, K L	
STREET ADDRESS	714 CALATRAVA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRIBERG, RICHARD E	
STREET ADDRESS	7855 SW 83 COURT	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JENKINS, GEORGE N	
STREET ADDRESS	1030 COTORRO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JONES, JESSE C	
STREET ADDRESS	7805 SW 125TH STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gragg, K. L.	
1.3 STREET ADDRESS	714 Calatrava Avenue	
1.4 CITY-ST-ZIP	Coral Gables, FL. 33143	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Aderholdt, Mary M.	
2.3 STREET ADDRESS	5170 N.W. 101st Place	
2.4 CITY-ST-ZIP	Miami, FL. 33178	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DeRosset, James B.	
3.3 STREET ADDRESS	14220 S.W. 79th Avenue	
3.4 CITY-ST-ZIP	Miami, FL. 33158	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 \_\_\_\_\_ DATE **4/18/97**

CR2E037 (9/96)