

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90089 021 ****69.00

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1. Corporation Name

COCONUT GROVE UNITED METHODIST CHURCH, INC.

Principal Place of Business

**3713 MAIN HIGHWAY
COCONUT GROVE FL 33133**

Mailing Address

**3713 MAIN HIGHWAY
COCONUT GROVE FL 33133**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

3. Date Incorporated or Qualified

10/16/1995

4. FEI Number

65-0612742

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

**BUSCHBAUM, PETER A
3094 OHIO ST
COCONUT GROVE FL 33133**

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 for 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 ☒ DELETE
NAME **D PARVEZ, ALEX**
STREET ADDRESS **2730 COCONUT AVE.**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☒ DELETE
NAME **D FLETCHER, GREG**
STREET ADDRESS **2801 FLORIDA AVE #439**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☒ DELETE
NAME **D DE HOLLANDER, MICHELLE**
STREET ADDRESS **123 MENORES AVE #2**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ DELETE
NAME **DP BUSCHBAUM, PETER A**
STREET ADDRESS **3094 OHIO ST**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DV** ☒ Change ☐ Addition
1.2 NAME **Greg Knauf**
1.3 STREET ADDRESS **816 North 87th Avenue**
1.4 CITY-ST-ZIP **Miami FL 33172**

2.1 TITLE **S** ☒ Change ☐ Addition
2.2 NAME **Gloria Cooke**
2.3 STREET ADDRESS **2121 North Bayshore Drive**
2.4 CITY-ST-ZIP **Miami FL 33137**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Betty Graham**
4.3 STREET ADDRESS **2375 SW 28th Street**
4.4 CITY-ST-ZIP **Miami FL 33133**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

Peter Buschbaum PD 2/9/99 305-443-0880