

NONPROFIT
CORPORATION
ANNUAL REPORT

2000

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004891

1. Corporation Name

Coconut Grove United Methodist Church, Inc.

Principal Place of Business

Mailing Address

3713 Main Highway
Coconut Grove, FL 331333713 Main Highway
Coconut Grove, FL 33133

REINSTATEMENT

2000

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

2850 S.W. 27 Avenue
Suite, Apt. #, etc.26 2850 S.W. 27 Avenue
Suite, Apt. #, etc.

10/16/1995

4. FEI Number

Applied For

Not Applicable

65-0612742

City & State

City & State

Coconut Grove, FL

28 Coconut Grove, FL

Zip Country
33133 US

29 33133 30 US

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Peter A. Buschbaum
3094 Ohio St
Coconut Grove, FL 33133

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

Peter A. Bushbaum

11-6-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/V ☐ DELETE

NAME Greg Knuaf

STREET ADDRESS 816 N. 87 Avenue

CITY-ST-ZIP Miami, FL

TITLE S ☐ DELETE

NAME Gloria Cooke

STREET ADDRESS 2121 North Bayshore Dr

CITY-ST-ZIP Miami, FL

TITLE D ☐ DELETE

NAME Betty Graham

STREET ADDRESS 2375 S.W. 28 Street

CITY-ST-ZIP Miami, FL

TITLE D/P ☐ DELETE

NAME Peter A. Buschbaum

STREET ADDRESS 3094 Ohio St
Coconut Grove, FL 33133CITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition500003471105--6
-11/20/00--01140--015

****236.25 ****236.25

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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

Peter A. Buschbaum

Date

Daytime Phone #

CR2E037 (11/98)