FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:16

DOCUMENT # 703677 (5)

1. Corporation Name
MIRAMAR UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
2507 UTOPIA DRIVE MIRAMAR FL 33023	2507 UTOPIA DRIVE MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/06/1962
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-1149968 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

DARRACOTT, DABNEY C.
7736 EMBASSY BLVD.
MIRAMAR FL 33023

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SABELLA, ANTHONY	1.2 NAME	
STREET ADDRESS	1521 N. 58TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	~~BARNEY, MICHAEL~~	2.2 NAME	Ron Miller
STREET ADDRESS	~~7001 RISMET STREET~~	2.3 STREET ADDRESS	9570 SW 7th Ct
CITY-ST-ZIP	~~MIRAMAR FL~~	2.4 CITY-ST-ZIP	Pembroke Pines Fl 33025
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	~~RINSER, TERRY~~	3.2 NAME	Leighton Salmon
STREET ADDRESS	~~6130 S W 26TH STREET~~	3.3 STREET ADDRESS	9913 SW 16th St
CITY-ST-ZIP	~~MIRAMAR FL~~	3.4 CITY-ST-ZIP	Pembroke Pines Fl 33025
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BENNETT, BRUCE	4.2 NAME	
STREET ADDRESS	15420 BRIARWOOD MANOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HECKATHORNE, SYLVIA	5.2 NAME	
STREET ADDRESS	7151 DILIDO BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	DARRACOTT, DABNEY C.	6.2 NAME	
STREET ADDRESS	7736 EMBASSY BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: D.C. Darracott
D.C. DARRACOTT, TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

1/31/95
Date

1-305-989-4711
Daytime Phone #

0036330