

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 703677 (5)

1. Corporation Name

MIRAMAR UNITED METHODIST CHURCH, INC.



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

3. Date Incorporated or Qualified: 03/06/1962
3a. Date of Last Report: 02/13/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: ANDRUS, HOLLY J.
82 Street Address (P.O. Box Number Is Not Acceptable): 1513 N.W. 112TH WAY
83
84 City: PEMBROKE PINES FL 85 Zip Code: 33024

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: *Holly J. Andrus* HOLLY J. ANDRUS TREASURER 4-30-96
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, RON	2.2 NAME	
STREET ADDRESS	9570 SW 7TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALMON, LEIGHTON	3.2 NAME	
STREET ADDRESS	9913 SW 16TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, BRUCE	4.2 NAME	
STREET ADDRESS	15420 BRIARWOOD MANOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARRACOTT, DABNEY C.	6.2 NAME	ANDRUS, HOLLY J.
STREET ADDRESS	7736 EMBASSY BLVD.	6.3 STREET ADDRESS	1513 N.W. 112TH WAY
CITY-ST-ZIP	MIRAMAR FL	6.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33024

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)(k), 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: *Holly J. Andrus* HOLLY J. ANDRUS TREASURER 4-30-96 (954) 430-2751
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)