FILE NOW: FILING FEE IS $61.25

FILED
Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
2507 UTOPIA DRIVE MIRAMAR FL 33023	2507 UTOPIA DRIVE MIRAMAR FL 33023-4526

3. Date Incorporated or Qualified: 03/06/1962
3a. Date of Last Report: 05/01/1996

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

ANDRUS, HOLLY J.
1513 NW 112TH WAY
PEMBROKE PINES FL 33026

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 _____ 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	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SABELLA, ANTHONY		1.2 NAME	CARVALHO, BRUCE	
STREET ADDRESS	1521 N. 58TH AVE.		1.3 STREET ADDRESS	7642 Tropicana St	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D/P	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	MILLER, RON		2.2 NAME	CHARLES HALL	
STREET ADDRESS	9570 SW 7TH CT		2.3 STREET ADDRESS	2430 NASSAU DR	
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	SALMON, LEIGHTON		3.2 NAME	DRY, WILLIAM	
STREET ADDRESS	9913 SW 16TH ST		3.3 STREET ADDRESS	531 N 70th WAY	
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP	MIRAMAR FL 33024	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	BENNETT, BRUCE		4.2 NAME	BERNDT, MIA	
STREET ADDRESS	15420 BRIARWOOD MANOR		4.3 STREET ADDRESS	7825 JUNIPER ST	
CITY-ST-ZIP	DAVIE FL		4.4 CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	☒ DELETE	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	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ANDRUS, HOLLY J.		6.2 NAME		
STREET ADDRESS	1513 NW 112TH WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Holly J. Andrus HOLLY J. ANDRUS 1-19-97 (954) 430-2751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023580