

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 09 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **703677** (5)

MIRAMAR UNITED METHODIST CHURCH, INC.



|                                                                              |                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br><b>2507 UTOPIA DRIVE<br/>MIRAMAR FL 33023</b> | Mailing Address<br><b>2507 UTOPIA DRIVE<br/>MIRAMAR FL 33023</b> |
|------------------------------------------------------------------------------|------------------------------------------------------------------|

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>03/06/1962</b>                                                                                                       |
| 4. FEI Number<br><b>59-1149968</b>                                                                                                                           |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                              |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                           |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No                                          |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br><b>ANDRUS, HOLLY J.<br/>1513 NW 112TH WAY<br/>PEMBROKE PINES FL 33026</b> |
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| 10. Name and Address of New Registered Agent<br>81 Name <b>SALMON, LEIGHTON</b><br>82 Street Address (P.O. Box Number Is Not Acceptable) <b>9913 SW 16th St</b><br>83<br>84 City <b>PEMBROKE PINES</b> <b>FL</b> 85 Zip Code <b>33025</b> |
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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 *[Signature]* **3/2/98**  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                            |
|----------------------------|--------------------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>D SABELLA, ANTHONY</b>                  |
| STREET ADDRESS             | <b>1521 N. 58TH AVE.</b>                   |
| CITY-ST-ZIP                | <b>HOLLYWOOD FL</b>                        |
| TITLE                      | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>DP MILLER, RON</b>                      |
| STREET ADDRESS             | <b>9570 SW 7TH CT</b>                      |
| CITY-ST-ZIP                | <b>PEMBROKE PINES FL</b>                   |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>D SALMON, LEIGHTON</b>                  |
| STREET ADDRESS             | <b>9913 SW 16TH ST</b>                     |
| CITY-ST-ZIP                | <b>PEMBROKE PINES FL</b>                   |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>D BENNETT, BRUCE</b>                    |
| STREET ADDRESS             | <b>15420 BRIARWOOD MANOR</b>               |
| CITY-ST-ZIP                | <b>DAVE FL</b>                             |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>D CARVALHO, BRUCE</b>                   |
| STREET ADDRESS             | <b>7642 TROPICANA ST.</b>                  |
| CITY-ST-ZIP                | <b>MIRAMAR FL</b>                          |
| TITLE                      | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>T ANDRUS, HOLLY J.</b>                  |
| STREET ADDRESS             | <b>1513 NW 112TH WAY</b>                   |
| CITY-ST-ZIP                | <b>PEMBROKE PINES FL</b>                   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|-------------------------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME                                              | <b>D HALL, CHARLES Jr.</b>                                                   |
| 1.3 STREET ADDRESS                                    | <b>2430 Nassau Drive</b>                                                     |
| 1.4 CITY-ST-ZIP                                       | <b>Miramar, FL 33023</b>                                                     |
| 2.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME                                              | <b>D DRY, WILLIAM</b>                                                        |
| 2.3 STREET ADDRESS                                    | <b>531 N. 70th Way</b>                                                       |
| 2.4 CITY-ST-ZIP                                       | <b>Hollywood, FL 33024</b>                                                   |
| 3.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME                                              | <b>D BROWN, R. GEORGE</b>                                                    |
| 3.3 STREET ADDRESS                                    | <b>6641 Hood Street</b>                                                      |
| 3.4 CITY-ST-ZIP                                       | <b>Hollywood, FL 33024</b>                                                   |
| 4.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME                                              | <b>D McINTOSH, MARILYN</b>                                                   |
| 4.3 STREET ADDRESS                                    | <b>901 NW 196 St</b>                                                         |
| 4.4 CITY-ST-ZIP                                       | <b>Miami, FL 33169</b>                                                       |
| 5.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME                                              | <b>D FORBES, SHEREE</b>                                                      |
| 5.3 STREET ADDRESS                                    | <b>8790 Sherman Circle N.</b>                                                |
| 5.4 CITY-ST-ZIP                                       | <b>Miramar, FL 33025</b>                                                     |
| 6.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME                                              | <b>D PRESTON, CLAUDETTE</b>                                                  |
| 6.3 STREET ADDRESS                                    | <b>7311 Biltmore Blvd.</b>                                                   |
| 6.4 CITY-ST-ZIP                                       | <b>Miramar, FL 33023</b>                                                     |

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.

SIGNATURE: *[Signature]* **3/2/98** (202) 718-2140

CR2E037 (10/97)