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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 703677

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**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/06/1962

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1149968

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SALMON, LEIGHTON
9913 SW 16TH ST
PEMBROKE PINES FL 33025**

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

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 ☒ DELETE
NAME **D SABELLA, ANTHONY**
STREET ADDRESS **1521 N. 58TH AVE.**
CITY-ST-ZIP **HOLLYWOOD FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D REID, Nathan**
1.3 STREET ADDRESS **2270 DeSoto Drive**
1.4 CITY-ST-ZIP **Miramar, FL 33023**

TITLE ☒ DELETE
NAME **D HALL, CHARLES JR**
STREET ADDRESS **2430 NASSAU DRIVE**
CITY-ST-ZIP **MIRAMAR FL 33023**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D BERNDT, A.J. Jr.**
2.3 STREET ADDRESS **7825 Juniper Street**
2.4 CITY-ST-ZIP **Miramar, FL 33023**

TITLE ☐ DELETE
NAME **D SALMON, LEIGHTON**
STREET ADDRESS **9913 SW 16TH ST**
CITY-ST-ZIP **PEMBROKE PINES FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D MULLINGS, Samford**
3.3 STREET ADDRESS **3060 Thames Way**
3.4 CITY-ST-ZIP **Miramar, FL 33025**

TITLE ☒ DELETE
NAME **D BENNETT, BRUCE**
STREET ADDRESS **15420 BRIARWOOD MANOR**
CITY-ST-ZIP **DAVE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **D BROWN, George**
4.3 STREET ADDRESS **6641 Hood Street**
4.4 CITY-ST-ZIP **Hollywood, FL 33024**

TITLE ☐ DELETE
NAME **D CARVALHO, BRUCE**
STREET ADDRESS **7642 TROPICANA ST.**
CITY-ST-ZIP **MIRAMAR FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D SPRAKER, James**
5.3 STREET ADDRESS **10359 Grove Street**
5.4 CITY-ST-ZIP **Cooper City, FL 33328**

TITLE ☐ DELETE
NAME **D DRY, WILLIAM**
STREET ADDRESS **531 N 70TH WAY**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D MINOTT, Horace**
6.3 STREET ADDRESS **137 NW 91st Ave**
6.4 CITY-ST-ZIP **Pembroke Pines FL 33024**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99 **(305) 718-2149**
Date Daytime Phone #

CR2E037 (11/98)