

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


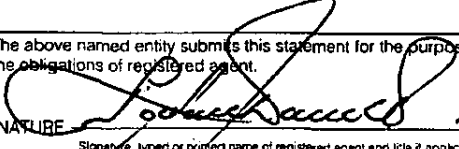

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-16-2004 90036 015 ****72.00

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MOORE CR2E037 (11/03)

DOCUMENT # 703677			
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FITZPATRICK, JOHNNIE 19610 NW 31 AVE OPA LOCKA FL 33056		7. Name and Address of New Registered Agent Name Royland D. Jarrett Street Address (P.O. Box Number is Not Acceptable) 192 N.W. 162 Ave. City Pembroke Pines FL Zip Code 33028	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  ROYLAND D. JARRETT DATE 02/04/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	CURRIER, ARLENE		
STREET ADDRESS	1540 SW 47 TERR		
CITY-ST-ZIP	MIAMI FL 33137		
TITLE	D	<input type="checkbox"/> Delete	
NAME	PEDLAR, GEORGE		
STREET ADDRESS	3210 CRYSTAL WAY RIVER RUN		
CITY-ST-ZIP	MIRAMAR FL 33025		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	FITZPATRICK, JOHNNIE		
STREET ADDRESS	19610 N.W. 31 AVE		
CITY-ST-ZIP	OPA LOCKA FL 33056		
TITLE	D	<input type="checkbox"/> Delete	
NAME	FUERTADO, ALLISON		
STREET ADDRESS	2220 NW 77 TERR		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		
TITLE	D	<input type="checkbox"/> Delete	
NAME	SALMON, LEIGHTON		
STREET ADDRESS	9913 SW 16 ST		
CITY-ST-ZIP	PEMBROKE PINES FL 33025		
TITLE	D	<input type="checkbox"/> Delete	
NAME	DRY, WILLIAM		
STREET ADDRESS	531 N. 70TH WAY		
CITY-ST-ZIP	HOLLYWOOD FL 33025		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Royland D. Jarrett		
STREET ADDRESS	192 N.W. 162 Ave.		
CITY-ST-ZIP	Pembroke Pines, FL 33028		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Jean Grossman		
STREET ADDRESS	8342 S. Missionwood Circle		
CITY-ST-ZIP	Miramamar, FL 33025		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		SR. PASTOR Date 2/23/04 Daytime Phone # 954-989-4711	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			