

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90097 033 ****61.25

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	4. FEI Number 59-1149968 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JARRETT, ROYLAND D 192 NW 162 AVE HOLLYWOOD, FL 33028			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fees \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	JARRETT, ROYLAND		NAME		
STREET ADDRESS	192 NW 162 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33028		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PEDLAR, GEORGE		NAME		
STREET ADDRESS	3210 CRYSTAL WAY RIVER RUN		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GROSSMAN, JEAN		NAME		
STREET ADDRESS	8342 S. MISSIONWOOD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33025		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FUERTADO, ALLISON		NAME		
STREET ADDRESS	2220 NW 77 TERR		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	SALMON, LEIGHTON		NAME	FITZPATRICK, JOHNNIE	
STREET ADDRESS	9913 SW 16 ST		STREET ADDRESS	19610 NW 31 AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025		CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DRY, WILLIAM		NAME		
STREET ADDRESS	531 N. 70TH WAY		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33025		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			04/05/2006 954-989-4711		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		