2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2006 8:00 am Secretary of State 04-12-2006 90097 033 ****61.25

Principal Place of Business Solid In Place Solid In	DOCUMENT # 703677 1. Entity Name MIRAMAR UNITED METHODIST CHURCH, INC.					04	1-12-2006	90097 03	33 ****6	1.25
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O4052006 Chg.NP CR2E037 (11/05) Cry & State Cry & State A. FEI Number S9-1149968 A. FEI Number S9-1149968 S8.75 Additional Foot Registered Agent F. Sentificate of Status Desired S8.75 Additional Foot Registered Agent F. Name and Address of New Registered Agent Name	2507 UTOPIA DRIVE 2507 UTOPIA			•) (FEMILI PRO) A 8018 F	#		! e 1 e 1 e 1 e 1 e 1 e 1 e 1	
City & State Ci	Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address						
Sp. 1149968 No. Applicable Sp. 1149968 No. Applicable Sp. 75 Additional Free Required Sp. 75 Add	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04052006 Ch	g-NP	CR2E03	7 (11/05)	
5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. 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 gaent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and ac	City & State		City & State	City & State		4. FEI Number 59-1149968	<u> </u>		<u> </u>	`-
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Zip Cour		5. Certificate of Sta	tus Desired			
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current Re	gistered Agent		-	7. Name and Addr	ess of New F	Registered A	gent	
Street Addross (P.O. Box Number is Not Acceptable) City	IADDETT	DOVI AND D			Name					
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 Superium Superium	192 NW 162 AVE				Street Address (P.O. Box Number is Not Acceptable)					
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 Superium Superium				Į						
SIGNATURE Signature, howed or perised name of registered agent and late of applicable. (NOTE: Registered Agent signature required when reinstating) DATE					City			FL	Zip Cod	9
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DARRETT, ROYLAND DIRECTORS IIILE NAME STREET ADDRESS CITY-ST-2P HOLLYVOOD, FL 33028 STREET ADDRESS CITY-ST-2P HOLLYVOOD, FL 33028 STREET ADDRESS STREE	the obligat	ions of registered agent.			<u>.</u>		,ne state of Fi		ariniai witi,	
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NAME ORY, WILLIAM NAME		· '			I					
STREET ADDRESS 531 N. 70TH WAY		531 N. 70TH WAY		STREE	T ADDRESS					
	city-st-zip HOLLYWOOD, FL 33025 12. I hereby certify that the information supplied with this filling does not qualify for the exemption.									

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 of 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.

Laure oe/fecc SIGNATURE: = SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 04/05/2006

954-989-4711 Daytime Phone #