


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

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
---	---



01262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1149968	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JARRETT, ROYLAND D
192 NW 162 AVE
HOLLYWOOD, FL 33028

DO NOT WRITE IN THIS SPACE

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 Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UG0000617031
02/07/07-80050-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JARRETT, ROYLAND
STREET ADDRESS	192 NW 162 AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33028
TITLE	D
NAME	PEDLAR, GEORGE
STREET ADDRESS	3210 CRYSTAL WAY RIVER RUN
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	D
NAME	GROSSMAN, JEAN
STREET ADDRESS	8342 S. MISSIONWOOD CIRCLE
CITY-ST-ZIP	HOLLYWOOD, FL 33025
TITLE	D
NAME	FUERTADO, ALLISON
STREET ADDRESS	2220 NW 77 TERR
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	D
NAME	FITZPATRICK, JOHNNIE
STREET ADDRESS	19610 NORTHWEST 31 AVENUE
CITY-ST-ZIP	OPA LOCKA, FL 33056
TITLE	D
NAME	DRY, WILLIAM
STREET ADDRESS	531 N. 70TH WAY
CITY-ST-ZIP	HOLLYWOOD, FL 33025

DO NOT WRITE IN THIS SPACE

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: *Royland D. Jarrett* **ROYLAND D. JARRETT** 01/26/07 954-989-4711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #