

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 MAY -1 AM 10: 10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 716622 (6)
1. Corporation Name

EBENEZER FREE WILL BAPTIST CHURCH, INC.

4111 S.W. 4th St. Miami, FL 33134

Principal Place of Business Mailing Address
4041 SW 4TH ST. MIAMI FL 33134 **4041 SW 4TH ST. MIAMI FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/29/1969** 3a. Date of Last Report **07/06/1994**

4. FEI Number **59-1370896** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RODRIGUEZ, BENITO
4041 S.W. 4TH ST.
MIAMI FL 33134**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	RODRIGUEZ, BENITO
STREET ADDRESS	4041 S.W. 4TH ST.
CITY ST ZIP	MIAMI FL
TITLE	SD
NAME	MIRELES, CARLOS
STREET ADDRESS	5032 N.W. 188TH STREET
CITY ST ZIP	CORAL CITY FL
TITLE	TD
NAME	YERA, PEDRO
STREET ADDRESS	10450 S.W. 5TH STREET
CITY ST ZIP	SWEETWATER FL
TITLE	CD
NAME	IZQUIERDO, PEDRO J.
STREET ADDRESS	7231 S.W. 13TH STREET
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	708001473177
23 STREET ADDRESS	-05/05/95--01043--009
24 CITY ST ZIP	*****73.75 *****73.75
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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.

SIGNATURE: *Benito Rodriguez-Benito Rodriguez* 4-25-95 443-1992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717104 (4)

1. Corporation Name

FIRST UNITED METHODIST CHURCH OF SARASOTA, INC.

Principal Place of Business

Mailing Address

104 S PINEAPPLE AVE
SARASOTA FL 34236

104 S PINEAPPLE AVE
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/09/1969	3a. Date of Last Report 04/26/1994
4. FEI Number 59-0637841	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 193.002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WITWYLER, KENNETH A.~~ Alice S. Penington
~~663 MOUNTAINING DOVE DR.~~ 2206 Sunnyside Ln.
~~SARASOTA FL 34236~~ Sarasota, Fl. 34239

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and the / applicator

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	10000147118 Addition
NAME	PENINGTON, ALICE S	12 NAME	-05/05/95--01043--012
STREET ADDRESS	2206 SUNNYSIDE LA	13 STREET ADDRESS	****122.50 ****61.25
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, ELIZABETH	22 NAME	D. L. Webber
STREET ADDRESS	4245 BOSWELL PLACE	23 STREET ADDRESS	5336 Charmes Ct.
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP	Sarasota, Fl. 34235
TITLE	TD	31 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, BYLIE	32 NAME	William N. Rutledge
STREET ADDRESS	4935 RESTRAL PARKWAY NORTH	33 STREET ADDRESS	8017 Bob cat Circle
CITY ST ZIP	SARASOTA FL	34 CITY ST ZIP	Sarasota, Fl. 34238
TITLE	SD	41 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, JOHN M.	42 NAME	Dorothy M. Evans
STREET ADDRESS	707 S. GULFSTREAM AVE	43 STREET ADDRESS	5659 Pipers Waite
CITY ST ZIP	SARASOTA FL	44 CITY ST ZIP	Sarasota, Fl. 34235
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Alice S. Penington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alice S. Penington, President/Director

4-26-95

813 955-6994