FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 AM 8:38

DOCUMENT # 724863 (6)

1. Corporation Name

KILLIAN PINES UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
10755 S.W. 112TH STREET MIAMI FL 33176	10755 S.W. 112TH STREET MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1972
3a. Date of Last Report: 06/16/1994
4. FEI Number: 59-1854296 ☐ 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 (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

DE MARIA, ALBERT
11430 S.. 114 COURT
MIAMI FL 33176

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	D ☒ Change ☐ Addition
NAME	SPENCE, JODY	1.2 NAME	SPENCE, JoAnn
STREET ADDRESS	10520 S.W. 125TH ST.	1.3 STREET ADDRESS	10520 S.W. 125 Th ST.
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	MIAMI FL 33176
TITLE	D	2.1 TITLE	Tr ☒ Change ☐ Addition
NAME	SANDERS, ROBERT	2.2 NAME	CUNDLE, Tom
STREET ADDRESS	1523 SW 108 CT	2.3 STREET ADDRESS	14575 S.W. 168 ST
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami FL 33177
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, GEORGEANNE	3.2 NAME	
STREET ADDRESS	10821 SW 102 PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SARNACK, BOB	4.2 NAME	
STREET ADDRESS	10755 SW 112TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	BRADDOCK, VIRGINIA	5.2 NAME	
STREET ADDRESS	5029 S.W. 151 PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33185	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	STEELE, EDWARD	6.2 NAME	BRAMBLETT, CLYDE
STREET ADDRESS	12513 SW 104 LANE	6.3 STREET ADDRESS	18950 S.W. 136 ST
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI FL 33196-1942

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)(i), 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: JoAnn L Spence 1/17/95 235-7246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044585