

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90004 012 ****61.25

DOCUMENT # 755422

1. Entity Name

IGLESIA METHODISTA UNIDA-CORAL WAY-UNITED METHODIST CHURCH, INC

DO NOT WRITE IN THIS SPACE

50054122

2. Principal Place of Business 7900 CORAL WAY Suite, Apt #, etc		3. Mailing Address 7900 CORAL WAY Suite, Apt. #, etc,	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33155-6525	Country DADE	Zip 33155-6525	Country DADE

DO NOT WRITE IN THIS SPACE

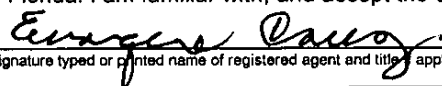
4. FEI Number 65-0539490		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ENRIQUE R CRUZ	
Street Address (P.O. Box Number is Not Acceptable) 9802 HAMNWCKS BLVD 202	
City MIAMI	Zip Code FL 33196

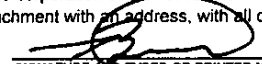
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **6/13/2005**
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ORTEGA BYRON 855 SW 29 ST MIAMI FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARO ALICIA 15760 SW 148 TR MIAMI FL 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOLANDA PINA 9980 SW 48 ST MIAMI FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MERCEDEZ FERNANDEZ 7370 SW 22 ST MIAMI FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES EDWARD 10-435 SW 129CT MIAMI FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALZURI TERESITA 9545 SW 24TH ST B225 MIAMI FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **6/13/2005** **305-264-4377**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**