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 22 AM 11:15

DOCUMENT # **744109** **(0)**

1. Corporation Name

THE FIRST UNITED METHODIST CHURCH OF SOUTH MIAMI

Principal Place of Business	Mailing Address
6565 RED RD. MIAMI FL 33143 US	6565 RED RD. MIAMI FL 33143 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1978
3a. Date of Last Report: 06/20/1994
4. FEI Number: 59-0791020 ☐ 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
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

SHAFER, THOMAS L., REV
8104 NW 102ND STREET
MIAMI FL 33563

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 8104 S.W. 102nd Street
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SHAFER, REV. THOMAS L.	1.2 NAME	
STREET ADDRESS	8104 SW 102 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, THOMAS	2.2 NAME	
STREET ADDRESS	5776 SW 74 TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	S MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCANN, PETER	3.2 NAME	
STREET ADDRESS	5820 SW 87TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☑ Change ☐ Addition
NAME	BAKER, ELIZABETH S.	4.2 NAME	D Baker, Elizabeth S.
STREET ADDRESS	1239 DICKENSON DR	4.3 STREET ADDRESS	615 Gondoliere
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	CORAL GABLES FL 33143
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	PRIESTER, MARY	5.2 NAME	
STREET ADDRESS	7275 SW 138 ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, POLLY L.	6.2 NAME	
STREET ADDRESS	5776 SW 74 TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	S. MIAMI FL 33143	6.4 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 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: Thomas L Shafer — 2-10-95 — (305) 667-7508
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0042815