

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26686** (8)  
1. Corporation Name  
**FIRST UNITED METHODIST CHURCH OF MIAMI FOUNDATIO  
N, INC.**



Principal Place of Business <b>400 BISCAYNE BLVD. MIAMI FL 33132</b>	Mailing Address <b>400 BISCAYNE BLVD. MIAMI FL 33132-1913</b>	3. Date Incorporated or Qualified <b>05/31/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>	4. FEI Number <b>59-1141042</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>AUBREY CARTER 1250 SW 19 TERRACE MIAMI FL 33145</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>CARTER, AUBREY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CARTER, AUBREY</b>		1.2 NAME	
STREET ADDRESS <b>1250 SW 19 TERRACE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>Edwards, Alfred</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HUTSON, JAMES J DR.</b>		2.2 NAME	
STREET ADDRESS <b>1850 NW 9TH ST</b>		2.3 STREET ADDRESS <b>1040 N Venetian Dr</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		2.4 CITY-ST-ZIP <b>Miami, FL 33139 1017</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STANLEY, ROSS M</b>		3.2 NAME	
STREET ADDRESS <b>3610 ALHAMBRA COURT</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>CORAL GABLES FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FOX, L O</b>		4.2 NAME <b>Winebrenner, Larry</b>	
STREET ADDRESS <b>575 NE 105 ST</b>		4.3 STREET ADDRESS <b>5431 N W 167 St</b>	
CITY-ST-ZIP <b>MIAMI SHORES FL</b>		4.4 CITY-ST-ZIP <b>Opa Locka, FL 33055 3925</b>	
TITLE <b>D S T</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SIMMONS, HELEN</b>		5.2 NAME	
STREET ADDRESS <b>5771 SW 14 ST</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KOWALSKI, THOMAS J.</b>		6.2 NAME	
STREET ADDRESS <b>400 BISCAYNE BLVD.</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		6.4 CITY-ST-ZIP	

14. I do 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 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 \_\_\_\_\_

CR2E037 (9/96)