


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90006 007 \*\*\*122.50

0029724

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
<b>DOCUMENT # N26686</b>																																																																																																																																																					
1. Corporation Name <b>FIRST UNITED METHODIST CHURCH OF MIAMI FOUNDATION, INC.</b>																																																																																																																																																					
Principal Place of Business <b>400 BISCAYNE BLVD.          MIAMI FL 33132</b>		Mailing Address <b>400 BISCAYNE BLVD.          MIAMI FL 33132</b>																																																																																																																																																			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date incorporated or Qualified <b>05/31/1988</b> 4. FEI Number <b>59-1141042</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																																	
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 81 Name <b>VASQUEZ, CARLOS</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>400 BISCAYNE BLVD</b> 83 84 City <b>MIAMI, FLORIDA</b> <b>FL</b> 85 Zip Code <b>33132</b>																																																																																																																																																		
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: <i>[Signature]</i> <b>Chair person of Trustee</b> <b>04/16/99</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																																																					
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>DV</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>CARTER, AUBREY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1250 SW 19 TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>EDWARDS, ALFRED</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1040 N VENETIAN DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TDD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>STANLEY, ROSS M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3610 ALHAMBRA COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>WINEBRENNER, LARRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5431 N.W. 167 ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OPA LOCKA FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>MASSEY, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6501 LEONARDO ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES FL 33148</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>KOWALSKI, THOMAS J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>400 BISCAYNE BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL</td> <td></td> </tr> </table>			TITLE	DV	<input type="checkbox"/> DELETE	NAME	CARTER, AUBREY		STREET ADDRESS	1250 SW 19 TERRACE		CITY-ST-ZIP	MIAMI FL		TITLE	PD	<input type="checkbox"/> DELETE	NAME	EDWARDS, ALFRED		STREET ADDRESS	1040 N VENETIAN DR		CITY-ST-ZIP	MIAMI FL		TITLE	TDD	<input type="checkbox"/> DELETE	NAME	STANLEY, ROSS M		STREET ADDRESS	3610 ALHAMBRA COURT		CITY-ST-ZIP	CORAL GABLES FL		TITLE	D	<input type="checkbox"/> DELETE	NAME	WINEBRENNER, LARRY		STREET ADDRESS	5431 N.W. 167 ST		CITY-ST-ZIP	OPA LOCKA FL		TITLE	D	<input type="checkbox"/> DELETE	NAME	MASSEY, JOHN		STREET ADDRESS	6501 LEONARDO ST		CITY-ST-ZIP	CORAL GABLES FL 33148		TITLE	D	<input checked="" type="checkbox"/> DELETE	NAME	KOWALSKI, THOMAS J.		STREET ADDRESS	400 BISCAYNE BLVD.		CITY-ST-ZIP	MIAMI FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>D</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>HUTSON, JAMES J</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>400 BISCAYNE BLVD</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>MIAMI, FL 33132</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>D</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>VASQUEZ, CARLOS</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>400 BISCAYNE BLVD</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>MIAMI, FL 33132</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td>D - P</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td>TEAGUE, JOE</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td>400 BISCAYNE BLVD</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td>MIAMI, FL 33132</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	HUTSON, JAMES J		1.3 STREET ADDRESS	400 BISCAYNE BLVD		1.4 CITY-ST-ZIP	MIAMI, FL 33132		2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME	VASQUEZ, CARLOS		2.3 STREET ADDRESS	400 BISCAYNE BLVD		2.4 CITY-ST-ZIP	MIAMI, FL 33132		3.1 TITLE	D - P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME	TEAGUE, JOE		3.3 STREET ADDRESS	400 BISCAYNE BLVD		3.4 CITY-ST-ZIP	MIAMI, FL 33132		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> DELETE																																																																																																																																																			
NAME	CARTER, AUBREY																																																																																																																																																				
STREET ADDRESS	1250 SW 19 TERRACE																																																																																																																																																				
CITY-ST-ZIP	MIAMI FL																																																																																																																																																				
TITLE	PD	<input type="checkbox"/> DELETE																																																																																																																																																			
NAME	EDWARDS, ALFRED																																																																																																																																																				
STREET ADDRESS	1040 N VENETIAN DR																																																																																																																																																				
CITY-ST-ZIP	MIAMI FL																																																																																																																																																				
TITLE	TDD	<input type="checkbox"/> DELETE																																																																																																																																																			
NAME	STANLEY, ROSS M																																																																																																																																																				
STREET ADDRESS	3610 ALHAMBRA COURT																																																																																																																																																				
CITY-ST-ZIP	CORAL GABLES FL																																																																																																																																																				
TITLE	D	<input type="checkbox"/> DELETE																																																																																																																																																			
NAME	WINEBRENNER, LARRY																																																																																																																																																				
STREET ADDRESS	5431 N.W. 167 ST																																																																																																																																																				
CITY-ST-ZIP	OPA LOCKA FL																																																																																																																																																				
TITLE	D	<input type="checkbox"/> DELETE																																																																																																																																																			
NAME	MASSEY, JOHN																																																																																																																																																				
STREET ADDRESS	6501 LEONARDO ST																																																																																																																																																				
CITY-ST-ZIP	CORAL GABLES FL 33148																																																																																																																																																				
TITLE	D	<input checked="" type="checkbox"/> DELETE																																																																																																																																																			
NAME	KOWALSKI, THOMAS J.																																																																																																																																																				
STREET ADDRESS	400 BISCAYNE BLVD.																																																																																																																																																				
CITY-ST-ZIP	MIAMI FL																																																																																																																																																				
1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
1.2 NAME	HUTSON, JAMES J																																																																																																																																																				
1.3 STREET ADDRESS	400 BISCAYNE BLVD																																																																																																																																																				
1.4 CITY-ST-ZIP	MIAMI, FL 33132																																																																																																																																																				
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
2.2 NAME	VASQUEZ, CARLOS																																																																																																																																																				
2.3 STREET ADDRESS	400 BISCAYNE BLVD																																																																																																																																																				
2.4 CITY-ST-ZIP	MIAMI, FL 33132																																																																																																																																																				
3.1 TITLE	D - P	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
3.2 NAME	TEAGUE, JOE																																																																																																																																																				
3.3 STREET ADDRESS	400 BISCAYNE BLVD																																																																																																																																																				
3.4 CITY-ST-ZIP	MIAMI, FL 33132																																																																																																																																																				
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
4.2 NAME																																																																																																																																																					
4.3 STREET ADDRESS																																																																																																																																																					
4.4 CITY-ST-ZIP																																																																																																																																																					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
5.2 NAME																																																																																																																																																					
5.3 STREET ADDRESS																																																																																																																																																					
5.4 CITY-ST-ZIP																																																																																																																																																					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
6.2 NAME																																																																																																																																																					
6.3 STREET ADDRESS																																																																																																																																																					
6.4 CITY-ST-ZIP																																																																																																																																																					

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/99

Date

Daytime Phone #

CR2E037 (11/98)