2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL **REPORT**

DOCUMENT# 703677

Entity Name: MIRAMAR UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

2507 UTOPIA DRIVE MIRAMAR, FL 33023

Current Mailing Address:

2507 UTOPIA DRIVE MIRAMAR, FL 33023

FEI Number: 59-1149968

Name and Address of Current Registered Agent:

DAVEY, BETH 2507 UTOPIA DR. MIRAMAR, FL 33023 US Certificate of Status Desired: No

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.

| SIGNATURE | E BETH DAVEY | | | 10/18/2023 |
|-----------------|--|-----------------|-------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Dire | ctor Detail : | | | |
| Title | D | Title | DIRECTOR | |
| Name | RANGE, DAVID | Name | PIERRE_OKERSON, JUDITH | |
| Address | 2507 UTOPIA DRIVE | Address | 7952 PLANTATION BLVD. | |
| City-State-Zip: | MIRAMAR FL 33023 | City-State-Zip: | MIRAMAR FL 33023 | |
| Title | DIRECTOR | Title | OFFICER | |
| Name | AITKEN, MARVIA | Name | ADEWUMI, MICHAEL | |
| Address | 2416 SW 102 AVE | Address | 6361 SW 35TH PLACE | |
| City-State-Zip: | MIRAMAR FL 33025 | City-State-Zip: | MIRAMAR FL 33023 | |
| Title | SECRETARY | Title | VP | |
| Name | DOUGLAS, FLORRETTE | Name | MCCORKLE, GEOFFREY | |
| Address | 11430 SW 21ST ST. | Address | 951 SW 87TH TERR. | |
| City-State-Zip: | MIRAMAR FL 33025 | City-State-Zip: | PEMBROKE PINES FL 33025 | |
| Title | PRESIDENT | Title | OFFICER | |
| Name | HAMILTON, TAMARA | Name | EDWARDS, VINESSA | |
| Address | 2163 SW 173RD AVE | Address | 7600 KISMET ST. | |
| City-State-Zip: | MIRAMAR FL 33029 | City-State-Zip: | MIRAMAR FL 33023 | |
| | | | • | |

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

| SIGNATURE | : DAVID RANGE | DIRECTOR | 10/18/2023 |
|-----------|---|----------|------------|
| | Electronic Signature of Signing Officer/Director Detail | | Date |

Electronic Signature of Signing Officer/Director Detail

FILED Oct 18, 2023 Secretary of State 7599398771CC

Officer/Director Detail Continued :

| Title | OFFICER | Title | OFFICER |
|-----------------|---------------------------------|-----------------|---------------------------|
| Name | KENNEDY, WILLARD | Name | CODNER, AUDLEY |
| Address | 630 LANE BLVD. | Address | 1460 NW 203RD ST. |
| City-State-Zip: | APT. 118 HALLANDALE FL 33009 | City-State-Zip: | MIAMI GARDENS FL 33169 |
| | | | |
| Title | | Title | OFFICER |
| Title | OFFICER | Title Name | OFFICER HEMMANS, JOYCE |
| Title Name | OFFICER MILLS, FRED | Name | HEMMANS, JOYCE |
| | | | |