

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 1:39

DOCUMENT # 700051 (6)

T. Corporation Name

ST. PAUL'S METHODIST CHURCH OF NORTH MIAMI, FLORIDA, INC.

Principal Place of Business

Mailing Address

900 N E 132 STREET
NORTH MIAMI FL 33161-4119

900 N E 132 STREET
NORTH MIAMI FL 33161-4119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/15/1959 3a. Date of Last Report 02/14/1994

4. FEI Number 59-0818927 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLOUGH, EVELYN
14305 N.E. 8TH AVENUE
N. MIAMI FL 33161

B1 Name Nethercutt, Frances
B2 Street Address (P.O. Box Number is Not Acceptable) 13329 N. E. 3 Court
B3
B4 City N. Miami, FL B5 Zip Code 33161

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 *Frances Nethercutt* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Frances Nethercutt DATE 2-6-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WILHELM, ALAN
STREET ADDRESS 13240 NE 4 AVENUE
CITY-ST-ZIP NORTH MIAMI FL 33161

1.1 TITLE D Change Addition
1.2 NAME Canta, Lorito
1.3 STREET ADDRESS 1415 N. E. 141 Street
1.4 CITY-ST-ZIP N. Miami, FL 33161

TITLE D
NAME SMITH, NORMAN
STREET ADDRESS 1040 NE 179 STREET
CITY-ST-ZIP NORTH MIAMI FL 33162

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME CARLOUGH, EVELYN
STREET ADDRESS 14305 NE 8TH AVE
CITY-ST-ZIP N MIAMI FL

3.1 TITLE D Change Addition
3.2 NAME Shafor, Rosalind
3.3 STREET ADDRESS 655 N. E. 143 Street
3.4 CITY-ST-ZIP N. Miami, FL 33161

TITLE D
NAME WOTEN, THOMAS
STREET ADDRESS 11281 NE 3RD AVE
CITY-ST-ZIP MIAMI FL

4.1 TITLE D Change Addition
4.2 NAME Downes, Donald
4.3 STREET ADDRESS 1750 N. E. 138 Street
4.4 CITY-ST-ZIP N. Miami, FL 33181

TITLE D
NAME ANDERSON, DAVID
STREET ADDRESS 538 NE 132 STREET
CITY-ST-ZIP N MIAMI FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME NETHERCUTT, FRANCES
STREET ADDRESS 13329 NE 3 COURT
CITY-ST-ZIP NORTH MIAMI FL 33161

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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. If Block 12 or Block 13 is changed, or on an attachment with an address.

SIGNATURE: *Frances Nethercutt* Signature and typed or printed name of signing officer or director. Frances Nethercutt, Director DATE 2-6-95 893-2123