

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 700051 (6)

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



Principal Place of Business: **900 N E 132 STREET NORTH MIAMI FL 33161-4119**
Mailing Address: **900 N E 132 STREET NORTH MIAMI FL 33161-4119**

3. Date Incorporated or Qualified: **10/15/1959**
3a. Date of Last Report: **02/13/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-0818927	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NETHERCUTT, FRANCES
13329 NE 3 COURT
N. MIAMI FL 33161**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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: *Frances Nethercutt*
Signature, typed or printed name of registered agent and title if applicable.

2-20-96
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTA, LORITO	1.2 NAME	
STREET ADDRESS	1415 NE 141 STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, NORMAN	2.2 NAME	
STREET ADDRESS	1040 NE 179 STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI FL 33162	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFOR, ROSALIND	3.2 NAME	
STREET ADDRESS	855 NE 143RD STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNES, DONALD	4.2 NAME	
STREET ADDRESS	1750 NE 138 STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, DAVID	5.2 NAME	
STREET ADDRESS	536 NE 132 STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NETHERCUTT, FRANCES	6.2 NAME	
STREET ADDRESS	13329 NE 3 COURT	6.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI FL 33161	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: *Frances Nethercutt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96 **305-891-6218**
Date Daytime Phone #

CR2E037 (12/95)