

FILE NOW: FILING FEE IS \$61.25

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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
900 N E 132 STREET NORTH MIAMI FL 33161-4119
900 N E 132 STREET NORTH MIAMI FL 33161-4119

3. Date Incorporated or Qualified 10/15/1959
3a. Date of Last Report 02/26/1996

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt #, etc. Suite, Apt #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
NETHERCUTT, FRANCES
13329 NE 3 COURT
N. MIAMI FL 33161
10. Name and Address of New Registered Agent
81 Name James Nethercutt
82 Street Address (P.O. Box Number is Not Acceptable) 13329 N.E. 3rd Ct.
83
84 City No. Miami FL 85 Zip Code 33161

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: James Nethercutt
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	655 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 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: James Nethercutt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031742

CR2E037 (9/96)