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FILED

Feb 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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, FLOR
IDA, INC.

Principal Place of Business

Mailing Address

900 N E 132 STREET
NORTH MIAMI FL 33161-4119900 N E 132 STREET
NORTH MIAMI FL 33161-41193. Date Incorporated or Qualified
10/15/19593a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 Zip Country

27 Suite, Apt #, etc.

28 City & State

29 Zip Country

30 Zip Country

4. FEI Number
59-0818927Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

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 ☐ DELETE
NAME CANTA, LORITO
STREET ADDRESS 1415 NE 141 STREET
CITY-ST-ZIP NORTH MIAMI FLTITLE D ☐ DELETE
NAME SMITH, NORMAN
STREET ADDRESS 1040 NE 179 STREET
CITY-ST-ZIP NORTH MIAMI FL 33162TITLE D ☐ DELETE
NAME SHAFOR, ROSALIND
STREET ADDRESS 655 NE 143RD STREET
CITY-ST-ZIP N MIAMI FLTITLE D ☐ DELETE
NAME DOWNES, DONALD
STREET ADDRESS 1750 NE 138 STREET
CITY-ST-ZIP MIAMI FLTITLE D ☐ DELETE
NAME ANDERSON, DAVID
STREET ADDRESS 536 NE 132 STREET
CITY-ST-ZIP N MIAMI FLTITLE D ☐ DELETE
NAME NETHERCUTT, FRANCES
STREET ADDRESS 13329 NE 3 COURT
CITY-ST-ZIP NORTH MIAMI FL 331611.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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 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)