## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

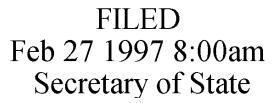
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(6)

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

Principal Place of Business

Mailing Address





Date

Daytime Phone # 0031742

900 N E 132 STREET NORTH MIAMI FL 33161-4119		900 N E 132 STREET NORTH MIAMI FL 33161-4119		Date Incorporated or Qualified	3a. Date of Last Report
				10/15/1959	02/26/1996
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-0818927	Not Applicable
Suite, Apt #	, etc.	Suite, Apt, #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
22 City & State		City & State		C. Flankin Committee Films (Inc.)	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zıp	Country	B. This corporation has liability for in	
24	[25]		30		Yes No
	9. Name and Address of Curren	t uedisteten võeut	81 Name	10. Name and Address of New Reg	Jistered Agent
13329 NE	CUTT, FRANCES E 3 COURT FL 33161		83	dress (P.O. Box Number is Not Acceptable 3 3 2 9 )	id Ot.
			84 City 7/	o. Minnie.	FL 85 Zip Code /
11. Pursuant t	a the provisions of Sections 617.050	2 and 617.1508, Florida Statute	es, the above-named co	prporation submits this statement for the p	urpose of changing its registered
office or re agent I an	gistered agent, or both, in the State of similar with, and accept the obliga	of Florida. Such change was a alions of Section 617.0503. Flo	uthorized by the corporation	rporation submits this statement for the p ation's board of directors. I hereby accep	t the appointment as registered
SIGNATURE _	Maries A	telmercul			
12.	Signal in Typed of printed name of registated age OFFICERS ANI		Registered Agent signature req	julred when reinstating) ADDITIONS/CHANGES TO OFFIC	PATE PERS AND DIRECTORS IN 12
TITLE	D OFFICERS ANI	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OTHE	Change Addition
NAMÉ	CANTA, LORITO	occur	1.2 NAME		C orange C reasons
STREET ADDRESS	1415 NE 141 STREET	•	1.3 STREET ADDRESS		•
- · · · · · · · · · · · · · · · · · · ·					
CITY - ST - ZIP TITLE	North Miami Fl D	DELETE	1.4 CRY-ST-ZIP 2.1 TITLE		Change 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 TOTAL MINIMITE 33 102	DELETE	3.1 TITLE		Change 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		
TIFLE	D	DELETE	4.1 TITLE		Change Addition
NAME	DOWNES, DONALD	_	4. 2 NAME		<b>–</b> •• – ••
STREET ADDRESS	1750 NE 138 STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ 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	DELETE	6.1 TITLE		Change Addition
NAME	NETHERCUTT, FRANCES		6.2 NAME		
STREET ADDRESS	13329 NE 3 COURT		6.9 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33161		6.4 CITY-ST-ZIP	·	
14. I do hereb	y certify that the information supplie			ed in Section 119.07(3)(i), Florida Statute	
I am an of	n indicated on this annual report or s ficer or director of the corporation or i Block 12 or Blogk]13 if changed, or	r the receiver or trustee empow	ered to execute this rep	nat my signature shall have the same lega port as required by Chapter 617, Florida S	renect as it made under dath; the tatutes; and that my name