FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMEN OF STATE

Sandra B. Mornam

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # 7

Principal Place of Business

900 N E 132 STREET NORTH MAMI FL 33161-4119

SIGNATURE:

700051

(6)

Mailing Address

900 N E 132 STREET

NORTH MIAMI FL 33161-4119

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

FILED Apr 15 1998 8:00am Secretary of State

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Applied For

Not Applicable

3. Date Incorporated or Qualified

10/15/1959

59-0818927

2. Principal Place of Business			2a. Maili	ng Address				6. Certificate of Status Desired S8.75 Additional		
21			26	26				Fee Required		
Sulte, Apt. #, etc.			Sulfe	Suite, Apt. #, etc.				Election Campaign Financing \$5.00 May Be		
22			27	27				Trust Fund Contribution Added to Fees		
City & State City & State								7. Is this nonprofit corporation a homeowners association?		
23					☐ Yes ☐ No					
Zip	Country Zip				L Cou	ntry		6. This corporation owes or has paid the current year Intangible		
24 25 29 30						Personal Property Tax due June 30. Yes No				
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
							81 Name SADNE			
NETHERCUTT, FRANCES						82 Street Address (P.O. Box Number is Not Acceptable)				
13329 N.E. 3RD COURT						Silver Address (1.0. Box Hamber is Not Addeptable)				
N. MIAMI FL 33161						83				
11. Mirani C 0010										
]	84	City	FL 85 Zip Code		
1										
office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the original statement of the purpose of changing its registered of the original statement of the purpose of changing its registered of the original statement of the purpose of changing its registered of the original statement of the purpose of changing its registered of the original statement of the purpose of changing its registered of the original statement of the purpose of changing its registered of the original statement of the purpose of changing its registered of the original statement of the purpose of changing its registered of the original statement of the purpose of changing its registered of the original statement of the purpose of changing its registered of the original statement of the purpose of changing its registered of the original statement of the original										
SIGNATURE	Manager A	or printed name of registered ager	PACUL N and title if applic	ahia (NOT	F: Registered	Ane	of signature recuir	rad when reinstating) DATE		
12. /		OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D			DELETE	1.1 10	LE		Change Addition		
NAME	, -	LODITO			1.2 NA		1			
STREET ADDRESS	CANTA, LORITO						ADDRESS			
	1									
CITY-ST-ZIP TITLE					1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition			
	D			- DECEM			ļ	Cuante T vocation		
NAME		NORMAN			2.2 NA		{			
STREET ADDRESS		179 STREET					ADDRESS			
CITY - ST - ZIP	NORTH MIAMI FL 33162				2. 4 CITY-		T-ZIP			
TITLE	D			3.1 717			☐ Change ☐ Addition			
NAME		SHAFOR, ROSALIND 32		3.2 NA	ME					
STREET ADDRESS	S 655 NE 143RD STREET			3.3 \$		3.3 STREET ADDRESS				
CITY-ST-ZIP	N MIAMI	FL			3.4. CI	TY-S	T-ZIP			
TITLE	D			DELETE	4.1 111	LE	.	Change Addition		
NAME	DOWNE	s, donald			4. 2 N/	WE				
STREET ADDRESS	1750 NE	138 STREET			4,3 \$11	REET	ADDRESS			
CITY-ST-ZIP	MIAMI FI				4.4 CIT	Y-ST	-ZIP			
TITLE	D			DELETE	5.1 111	LE		Change Addition		
NAME	ANDERS	ON, DAVID			5.2 NA	ME				
STREET ADDRESS		132 STREET			5,3 \$17	REET	ADDRESS			
CITY-ST-ZIP	N MIAMI				5.4 CI		1			
TITLE	D D	15		DELETE	6.1 TIT	_	B.17	☐ Change ☐ Addition		
NAME	_	CUTT, FRANCES			6.2 NA		1			
STREET ADDRESS		E 3 COURT					address			
CITY-ST-ZIP		MIAMI FL 33161	h this filing o	loes not qualify fo	6.4 CiT			Section 119 07/3)(i) Florida Statutes I further certify that the information		
14. I 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 corpogation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in										