

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90199 013 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 700051**

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

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/15/1959	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0818927	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution	
24		29		30	
25		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NETHERCUTT, FRANCES				81 Name			
13329 N.E. 3RD COURT				Steven Cunningham			
N. MIAMI FL 33161				82 Street Address (P.O. Box Number is Not Acceptable)			
				1040 N.E. 121 Street			
				83			
				84 City			
				Biscayne Park			
				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: Steven Cunningham      Steven Cunningham      DATE: 1-19-99

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 checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, NORMAN	2.2 NAME	James King
STREET ADDRESS	1040 NE 179 STREET	2.3 STREET ADDRESS	13865 N. W. 5 Avenue
CITY-ST-ZIP	NORTH MIAMI FL 33162	2.4 CITY-ST-ZIP	N. Miami, FL 33168
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFOR, ROSALIND	3.2 NAME	Shirley Morgan
STREET ADDRESS	655 NE 143RD STREET	3.3 STREET ADDRESS	527 N. W. 95 Terrace
CITY-ST-ZIP	N MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33150
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNES, DONALD	4.2 NAME	William Andrew Swope
STREET ADDRESS	1750 NE 138 STREET	4.3 STREET ADDRESS	3750 S. W. 59 Avenue #4
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Davie, FL 33314
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 checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NETHERCUTT, FRANCES	6.2 NAME	Steven Cunningham
STREET ADDRESS	13329 NE 3 COURT	6.3 STREET ADDRESS	1040 N. E. 121 Street
CITY-ST-ZIP	NORTH MIAMI FL 33161	6.4 CITY-ST-ZIP	Biscayne Park, FL 33161

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 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, with all other like empowered.

SIGNATURE: Steven Cunningham      Steven Cunningham, Trustees Chairman (305) 891-6218      DATE: 1-19-99

CR2E037 (1/98)