


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90474 028 ****61.25

DOCUMENT # 700051 1. Entity Name ST. PAUL'S METHODIST CHURCH OF NORTH MIAMI, FLORIDA, INC.							
Principal Place of Business 900 N E 132 STREET NORTH MIAMI, FL 33161-4119			Mailing Address 900 N E 132 STREET NORTH MIAMI, FL 33161-4119				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold;">60045497</div>  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 02232007 Chg-NP CR2E037 (12/06) </div>			
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-0818927						Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<div style="font-size: 1.2em; font-weight: bold;">60045497</div>  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 02232007 Chg-NP CR2E037 (12/06) </div>			
6. Name and Address of Current Registered Agent KING, JAMES 13865 N. W. 5 AVE. NORTH MIAMI, FL 33168						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						<div style="font-size: 1.2em; font-weight: bold;">60045497</div>  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 02232007 Chg-NP CR2E037 (12/06) </div>	
SIGNATURE <u><i>James M. King Jr</i></u> <u>4/23/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CANTA, LORITO 1415 NE 141 STREET NORTH MIAMI, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KING, JAMES 13865 N. W. 5 AVE. NORTH MIAMI, FL 33168			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MORGAN, SHIRLEY 527 N.W. 95 TERRACE N MIAMI, FL 33150			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ANDERSON, DAVID 536 NE 132 STREET N MIAMI, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>James M. King Jr</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>4/23/07</u> <small>Date Daytime Phone #</small>			