## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 700051**

FILED Sep 02, 2008 Secretary of State

Entity Name: ST. PAUL'S METHODIST CHURCH OF NORTH MIAMI, FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

900 N E 132 STREET NORTH MIAMI, FL 331614119

**Current Mailing Address: New Mailing Address:** 

900 N E 132 STREET 2850 SW 27 AVE NORTH MIAMI, FL 331614119 MIAMI, FL 33133

FEI Number: 59-0818927 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KING, JAMES SOUTH EAST DISTRICT FLORIDA ANN CONF UMC 13865 N. W. 5 AVE.

2850 SW 27 AVE NORTH MIAMI, FL 33168 US US MIAMI, FL 33133

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.

SIGNATURE: GUSTAVO A BETANCOURT 09/02/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Address:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

CANTA, LORITO PEREZ, MARIO Name: Name: 1415 NE 141 STREET Address: 2850 SW 27 AVE Address: City-St-Zip: NORTH MIAMI, FL City-St-Zip: MIAMI, FL 33133

Title: Title: (X) Change ( ) Addition () Delete

Name: KING, JAMES Name: MADAN, NORA Address: 13865 N. W. 5 AVE. Address: 2850 SW 27 AVE City-St-Zip: NORTH MIAMI, FL 33168 City-St-Zip: MIAMI, FL 33133

Title: () Delete Title: (X) Change ( ) Addition

MORGAN, SHIRLEY BETANCOURT, GUSTAVO Name: Name: 527 N.W. 95 TERRACE Address: Address: 2850 SW 27 AVE

City-St-Zip: N MIAMI, FL 33150 City-St-Zip: MIAMI, FL 33133

Title: (X) Delete Title: () Change () Addition Name:

ANDERSON, DAVID Name: 536 NE 132 STREET Address: City-St-Zip: N MIAMI, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO A BETANCOURT D 09/02/2008