

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700282 (7)

1. Corporation Name

ST. ANDREWS UNITED METHODIST CHURCH OF FORT LAUD
ERDALE, INC.



Principal Place of Business

1100 N. ANDREWS AVE.
FT. LAUDERDALE FL 33311

Mailing Address

1100 N. ANDREWS AVE.
FT. LAUDERDALE FL 33311

3. Date Incorporated or Qualified

01/07/1960

3a. Date of Last Report

04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUENMLING, CHARLES
1620 NE 26 AVE
FT. LAUDERDALE FL 33305

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME DUENMLING, CHARLES
STREET ADDRESS 1620 NE 26 AVE
CITY-ST-ZIP FT. LAUDERDALE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME KOBAYASHI, TAMOTSU
STREET ADDRESS 314 S.E. 13TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL 33316

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME LEVERON, BUD
STREET ADDRESS 5409 NE 3 AVE
CITY-ST-ZIP FT. LAUDERDALE FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME WOOD, HARRY
STREET ADDRESS 361 NW 35 CT
CITY-ST-ZIP FT. LAUDERDALE FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME DOLL, HILDA
STREET ADDRESS 1421 N.W. 45TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL 33309

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME BUTLER, EDWIN
STREET ADDRESS 1818 LAUDERDALE MANORS DR.
CITY-ST-ZIP FT. LAUDERDALE FL 33311

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D
Larry Davis
4311 N. W. 33 Street
Ft. Lauderdale, Fla. 33319

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)