FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:41

DOCUMENT # 700788 (3)

1. Corporation Name
MERRELL UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
3900 N STATE RD 7 FT LAUDERDALE FL 33319-1877	3900 N STATE RD 7 FT LAUDERDALE FL 33319-1877

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1960
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-1099703 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

~~GASTON, ROBERT O.~~
~~3900 N STATE RD 7~~
~~FT LAUDERDALE FL 33319~~

10. Name and Address of New Registered Agent

81 Name: Rebecca Abraham
82 Street Address (P.O. Box Number is Not Acceptable): 3900 N.St. Rd 7
83
84 City: Fort Lauderdale FL 85 Zip Code: 33319

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Rebecca Abraham
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WRAY, HUBERT	1.2 NAME	
STREET ADDRESS	4232 N.W. 34TH WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DACOSTA, JOAN A	2.2 NAME	
STREET ADDRESS	3071 NW 47TH TERR. APT. 220	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	☐ Change ☐ Addition
NAME	COOMBS, FRANKLYN	3.2 NAME	
STREET ADDRESS	3131 NW 41ST ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PALMER, LORENZO	4.2 NAME	
STREET ADDRESS	8100 SW 22ND ST., #311	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33325	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, MINNETTE F.	5.2 NAME	
STREET ADDRESS	2740 NW 36TH TERR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: _____ Franklyn Coombs 17 Jan 1995 (305)7312323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046003