

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **700788** (3)
1. Corporation Name

MERRELL UNITED METHODIST CHURCH, INC.

Principal Place of Business 3900 N STATE RD 7 FT LAUDERDALE FL 33319-1877	Mailing Address 3900 N STATE RD 7 FT LAUDERDALE FL 33319-1877
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3. Date Incorporated or Qualified 04/11/1960	3a. Date of Last Report 02/13/1995
4. FEI Number 59-1099703	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent ABRAHA, REBECCA 3900 N ST ROAD 7 FT LAUDERDALE FL 33319		10. Name and Address of New Registered Agent 81 Name Ruby Lobban 82 Street Address (P.O. Box Number is Not Acceptable) 3900 N. State Rd 7 83 84 City Fort Lauderdale FL 85 Zip Code 33319	
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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 Ruby Lobban — Treasurer DATE June 18, 1996
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	11 TITLE	Crown, Ethel (SD) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRAY, HUBERT	12 NAME	4903 NW 43rd Ter.
STREET ADDRESS	4232 N.W. 34TH WAY	13 STREET ADDRESS	Fort Lauderdale, FL 33319
CITY-ST-ZIP	LAUDERDALE LAKES FL	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	Olden, Josephine (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DACOSTA, JOAN A	22 NAME	3908 NW 38th Av.
STREET ADDRESS	3071 NW 47TH TERR. APT. 220	23 STREET ADDRESS	Ft. Lauderdale, FL 33309
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	24 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	31 TITLE	McKail, Lovelle, Sr. (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOMBS, FRANKLYN	32 NAME	3920 NW 50th St.
STREET ADDRESS	3131 NW 41ST ST	33 STREET ADDRESS	Lauderdale Lakes, FL 33319
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	Mills, Sylvester (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALMER, LORENZO	42 NAME	3473 NW 44th St., #201
STREET ADDRESS	8100 SW 22ND ST., #311	43 STREET ADDRESS	Ft. Lauderdale, FL 33309
CITY-ST-ZIP	FT. LAUDERDALE FL 33325	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	Rutty, Dick (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, MINNETTE F.	52 NAME	5088 NW 43rd Ct
STREET ADDRESS	2740 NW 38TH TERR.	53 STREET ADDRESS	Lauderdale Lakes, FL 33319
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 if changed, or on an attachment with an address.

SIGNATURE: Franklin Coombs, Chairman DATE June 18, 1996 DAYTIME PHONE # 731-2323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR