


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>3900 N STATE RD 7 FT LAUDERDALE FL 33319-1877</b>	Mailing Address <b>3900 N STATE RD 7 FT LAUDERDALE FL 33319-4832</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/11/1960</b>		3a. Date of Last Report <b>07/01/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-1099703</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LOBBAN, RUBY</b> <b>3900 N STATE RD 7</b> <b>FT LAUDERDALE FL 33319</b>				81 Name <b>Ruby Lobban</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>3900 North State Road 7</b>			
				83 City & State <b>Fort Lauderdale, FL 33319</b>			
				84 City <b>Fort Lauderdale, FL</b>			

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  
 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE March 24, 1997

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CROWN, ETHEL			1.2 NAME	McKail, Lovelle		
STREET ADDRESS	4903 NW 43RD TERR			1.3 STREET ADDRESS	3920 NW 50 Avenue		
CITY-ST-ZIP	FT LAUDERDALE FL			1.4 CITY-ST-ZIP	Lauderdale Lakes, FL 33319		
TITLE	S D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DACOSTA, JOAN A			2.2 NAME	Mills, Sylvester		
STREET ADDRESS	3071 NW 47TH TERR. APT. 220			2.3 STREET ADDRESS	3473 NW 44 Street		
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313			2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33309		
TITLE	DP	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COOMBS, FRANKLYN			3.2 NAME	Royes, Thelma		
STREET ADDRESS	3131 NW 41ST ST			3.3 STREET ADDRESS	3489 NW 24 Street		
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309			3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33311		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PALMER, LORENZO			4.2 NAME	Tutty, Richard		
STREET ADDRESS	8100 SW 22ND ST., #311			4.3 STREET ADDRESS	5088 NW 43 Court		
CITY-ST-ZIP	FT. LAUDERDALE FL 33325			4.4 CITY-ST-ZIP	Lauderdale Lakes, FL 33319		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, MINNETTE F.			5.2 NAME			
STREET ADDRESS	2740 NW 38TH TERR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33311			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLDEN, JOSEPHINE			6.2 NAME			
STREET ADDRESS	3998 NW 38TH AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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, Chairman, Board of Trustees, March 24, 1997, (954) 731-2323  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035113

CR2E037 (9/96)