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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700788

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

04/11/1960

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

9. Name and Address of Current Registered Agent

**LOBBAN, RUBY
3900 N STATE RD 7
FT LAUDERDALE FL 33319**

10. Name and Address of New Registered Agent

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

Ruby Lobban

3/24/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MCKAIL, LOVELLE**
STREET ADDRESS **3920 NW 50 AVE**
CITY-ST-ZIP **LAUDERDALE LAKES FL**

TITLE **D** ☐ DELETE
NAME **ROYLES, THELMA**
STREET ADDRESS **3489 NW 24TH STREET**
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **DP** ☐ DELETE
NAME **COOMBS, FRANKLYN**
STREET ADDRESS **3131 NW 41ST ST**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE **D** ☐ DELETE
NAME **PALMER, LORENZO**
STREET ADDRESS **8100 SW 22ND ST., #311**
CITY-ST-ZIP **FT. LAUDERDALE FL 33325**

TITLE **D** ☐ DELETE
NAME **MILLS, SYLVESTER**
STREET ADDRESS **3473 NW 44 ST**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☒ DELETE
NAME **OLDEN, JOSEPHINE**
STREET ADDRESS **3998 NW 38TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Anglin, Oliver**
1.3 STREET ADDRESS **3329 NW 23 St.**
1.4 CITY-ST-ZIP **Lauderdale Lakes, FL 33311**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Turpin, Lynford**
2.3 STREET ADDRESS **10435 NW 31 Ct.**
2.4 CITY-ST-ZIP **Sunrise, FL 33311**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Wray, Hubert**
3.3 STREET ADDRESS **4370 NW 46 Terr.**
3.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33319**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Buck, Karl**
4.3 STREET ADDRESS **7017 NW 49 Pl.**
4.4 CITY-ST-ZIP **Lauderhill, FL 33319**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

COOMBS **3 24 99** **954 739-6417**

CR2E037-141/98