2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # 700788** 1. Entity Name 04-29-2004 90303 028 ****61.25 MERRELL UNITED METHODIST CHURCH, INC. Principal Place of Business Mailing Address 3900 N STATE RD 7 3900 N STATE RD 7 FT LAUDERDALE FL 33319-1877 **有三进程** . - - - -FT LAUDERDALE FL 33319-1877 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State 4. FEI Number City & State Applied For 59-1099703 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOWSTON, HARRY R Street Address (P.O. Box Number is Not Acceptable) 3900 N STATE RD 7 FT LAUDERDALE FL 33319 Zip Code 8.. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE *(NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Addition Change COOMBS, FRANKLYN NAME NAME 3131 NW 41 STREET STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Lovell Mckail Addition ELLIS, BENSON NAME 3920 NW 50 Ave 4301 NW 24 ST STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33313 ----CITY-ST-ZIP CITY-ST-7IP TITLE TITLE FARRELLY, ALTHEA NAME NAME 500 SW 75 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33068 CITY-ST-ZIP TITLE Change TITLE OLDEN, JOSEPHINE NAME NAME 3774 INVERRARY BLVD # 110 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33319 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE TAYLOR, KENDALL M NAME NAME 4301 10 w 24 street P.O. BOX 740876 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33474** CITY-ST-ZIP CITY-ST-ZIP auderHill Fl. 33313 TITLE TITLE Debbie Mc Clay ☐ Change RAYES, THELMA NAME NAME 3489 NW 24ST STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33311

12. 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 report or supplemental 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 10 or Block 11 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

4-27-04

954-731-2323

Daytime Phone #

FILED