

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

04-28-2005 90222 035 ****61.25

DOCUMENT # 700788 1. Entity 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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">66021362</div> <div style="margin-top: 10px;"> 04202005 Chg-NP CR2E037 (10/03) </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1099703				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">66021362</div> <div style="margin-top: 10px;"> 04202005 Chg-NP CR2E037 (10/03) </div>	
6. Name and Address of Current Registered Agent HOLSTON, HARRY R 3900 N STATE RD 7 FT LAUDERDALE, FL 33319					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COOMBS, FRANKLYN 3131 NW 41 STREET FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Colin Smith <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9608 NW 49th Street Sunrise, FL 33351		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKAIL, LOVELL 3920 NW 50 AVE. LAUDERDALE LAKES, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERGUSON, ROSE 5020 SW 11 PLACE MARGATE, FL 33068 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COOMBS, KEISHA 3131 NW 41 ST. LAUDERDALE LAKES, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ELLIS, NIGEL 4301 NW 24 ST. LAUDERHILL, FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCLLOUD, DEBBIE PO BOX 740876 BOYNTON BEACH, FL 33474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT 66021362
70-0788

May 26, 2005

Florida Department of State
Glenda E. Wood
State Secretary

Re: Annual Report for Merrell United Methodist Church Reference # 700788

Please find additional information requested below.

Officers	Titles
Franklyn Coombs	Church Council Chairperson
Keisha Coombs	Trustee Secretary
Debbie McCloud	Director
Colin Smith	Trustee Chairperson
Harry Hoston	CEO/Pastor
