

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703872

(2)

1. Corporation Name

NORLAND UNITED METHODIST CHURCH



Principal Place of Business

885 N. W. 195 ST.
800 NW 195TH ST
MIAMI FL 33169

Mailing Address

885 N. W. 195 ST.
800 NW 195TH ST
MIAMI FL 33169

3. Date Incorporated or Qualified
04/10/1962

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
59-6031714

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CROOKS, BERYL
1101 NW 207 STREET
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name
NEIL CROOKS

82 Street Address (P.O. Box Number is Not Acceptable)
1101 NW 207 ST

83

84 City
MIAMI

FL 85 Zip Code
33169

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 *Neil Crooks* CHAIRMAN, BOARD OF TRUSTEES

DATE 5-10-96

(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CROOKS, BERYL
STREET ADDRESS 1101 NW 207 ST
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE D
NAME GABBIDON, HYACHINTH
STREET ADDRESS 20151 NE 15TH AVENUE
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D
NAME HOLTSCLAW, DICK
STREET ADDRESS 18702 NW 10TH CT
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD
12 NAME NEIL CROOKS
13 STREET ADDRESS 1101 NW 207 ST
14 CITY-ST-ZIP MIAMI FL ☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #