FILE NOW: FILING FEE IS $61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
885 N. W. 195 ST. 800 NW 195TH ST MIAMI FL 33169	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: 05/21/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 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, NEIL
1101 NW 207 STREET
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name: HARRIS, Lawrence
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1461 NW 179th Street
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 X LAWRENCE HARRIS Chairman Trustee Bd. 4/16/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	T	☒ Change ☐ Addition
NAME	CROOKS, NEIL		1.2 NAME	HARRIS, Lawrence	
STREET ADDRESS	1101 NW 207 ST		1.3 STREET ADDRESS	1461 NW 179th Street	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33169	
TITLE	D	☐ DELETE	2.1 TITLE	T	☒ Change ☐ Addition
NAME	GABBIDON, HYACHINTH		2.2 NAME	Gabbidon, Hyachinth	
STREET ADDRESS	20151 NE 15TH AVENUE		2.3 STREET ADDRESS	20151 NE 15th Avenue	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL	
TITLE	D	☒ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	HOLTSCLAW, DICK		3.2 NAME	FORDE, George	
STREET ADDRESS	18702 NW 10TH CT		3.3 STREET ADDRESS	8225 NW 199th Terr.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL 33015	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

LAWRENCE HARRIS