2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703872

FILED Mar 07, 2006 Secretary of State

Entity Name: NORLAND UNITED METHODIST CHURCH

Current Principal Place of Business: New Principal Place of Business:

885 N. W. 195 ST. 885 N. W. 195 ST.

MIAMI, FL 33169 MIAMI GARDENS, FL 33169

Current Mailing Address: New Mailing Address:

885 N. W. 195 ST. 885 N. W. 195 ST

MIAMI, FL 33169 MIAMI GARDENS, FL 33169

FEI Number: 59-6031714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

BROWN, CONRAD RILEY, LOLA J MRS 750 NW 201TH AVENUE 281 N.W. 184 TER.

MIAMI, FL 33169 PEMBROKE PINES, FL 33029 US

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.

SIGNATURE: LOLA J. RILEY 03/07/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BROWN, MARGARET PIERRE, JACQUES E PASTOR Name: Name: 9821 SW 13TH CT Address: 171 NW 145TH STREET Address:

City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: MIAMI, FL 33168

Title: Title: (X) Change () Addition () Delete Name: DAVEY, EARLE Name: FULLER, ARTHUR MR. Address: 1061 NW 19TH ST Address: 6960 SW 28THTH STREET City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIRAMAR, FL 33023

Title: () Delete Title: (X) Change () Addition THOMPSON, ANTHONY BARTHOLOMEW, DOROTHY MRS. Name: Name:

281 NW 185TH TERR 18401 NW 23RD AVENUE Address: Address:

City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI, FL 33056

Title: () Delete Title: () Change (X) Addition Name: Name: PIERRE-OKERSON, JUDITH MRS. 7952 PLANTATION BLVD. Address: Address:

City-St-Zip: City-St-Zip: MIRAMAR,, FL 33023

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOLA RILEY MRS. 03/07/2006