2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State 05-02-2007 90103 045 ****70.00

1. Entity Name	MENT#703872 D UNITED METHODIST CH	IURCH			206			
Principal Place of Business 885 N. W. 195 ST. MIAMI GARDENS, FL 33169 Mailing Address 885 N. W. 195 ST. MIAMI GARDENS, FL 33169			3169	40101	,	OCI OCUNI MINIMUS NICI		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		g-NP CR2E0	37 (12/06)		
City & State C		City & State	City & State		FEI Number Applied Fo 59-6031714 Not Applica		plied For t Applicable	
Zip	Country .	Zip	Country	5. Certificate of Sta		\$8.75 Addi Fee Required		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Addre	ess of New Registered	Agent		
RILEY, LOLA J MRS. 750 NW 201TH AVENUE PEMBROKE PINES, FL 33029				Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code		
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	s registered office or regis	stered agent, or both, in the	<u> </u>		and accept	
SIGNATURE .	Signature, typed or printed name of registered agent.	and title if applicable. (NO	E: Registered Agent signature requ	wad when reinstating)	DATE			
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.		Make chec Florida Depa	k payable to rtment of St	' 1	
10.	OFFICERS AND DIF	RECTORS	11.		S TO OFFICERS AND D			
TITLE NAME						2 Channe		
STREET ADDRESS (PIERRE, JACQUES E PASTOR 171 NW 145TH STREET MIAMI, FL 33168	⊠ Delete	NAME STREET ADDRESS CITY-ST-ZIP	EDNIS A. 5 N.W. 19 11Am: GARDE	DuinLAM, PA 5th STREET AS, FL 3	45TOR 1 3169	Addition	
	PIERRE, JACQUES E PASTOR 171 NW 145TH STREET	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	EONIS A. 5 N.W. 19 IVAMI GARDE	Blumem, fi 5 m Street ms, FL 3	9 Change	Addition	
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ATTACHMENT **DOCUMENT #703872** 1. Entity Name NORLAND UNITED METHODIST CHURCH Principal Place of Business Mailing Address 885 N. W. 195 ST. 885 N. W. 195 ST. MIAMI GARDENS, FL 33169 MIAMI GARDENS, FL 33169 40101306 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-6031714 Not Applicable Country 7ip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RILEY, LOLA J MRS. Street Address (P.O. Box Number is Not Acceptable) 750 NW 201TH AVENUE PEMBROKE PINES, FL 33029 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 LEONIS A- QUINCAM, PASTOR 885 N.N. 1954 STREET Delete TITLE Addition X TITLE PIERRE, JACQUES E PASTOR NAME 171 NW 145TH STREET STREET ADDRESS STREET ADDRESS WIMM. GHESENS, FE 33169 CITY-ST-ZIP MIAMI, FL 33168 CITY-SY-ZIP Delete ☐ Change TITLE TITLE Addition | FULLER, ARTHUR MR. NAME NAME 6960 SW 28THTH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33023 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition BARTHOLOMEW, DOROTHY MRS. NAME NAME 18401 NW 23RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33056 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition PIERRE-OKERSON, JUDITH MRS. NAME NAME 7952 PLANTATION BLVD. STREET ADDRESS STREET ADDRESS MIRAMAR,, FL 33023 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath; 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. CA 1 12 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR