2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 19, 2008 8:00 am
Secretary of State
05-30-2008 90214 036 ****61.25

DOCUMENT # 703872

1. Entity Name

NORLAND UNITED METHODIST CHURCH

Principal Place of Business	Mailing Address
885 N. W. 195 ST. MIAMI GARDENS FL 33169	885 N. W. 195 ST. MIAMI GARDENS FL 33169

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6031714 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RILEY, LOLA J MRS.
750 NW 201TH AVENUE
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name ANTHONY THOMPSON

Street Address (P.O. Box Number is Not Acceptable)

281 NW 185 TER

City MIAMI **FL** Zip Code 33169

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 _____ 4/17/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 MS.	T	☒ Delete	TITLE MS.	PASTOR	☐ Change ☒ Addition
NAME	QUINLAN, LEONIS A		NAME	MARY BETH-PACKARD	
STREET ADDRESS	885 N.W. 195TH STREET		STREET ADDRESS	885 NW 195 ST	
CITY-ST-ZIP	MIAMI GARDENS FL 33169		CITY-ST-ZIP	MIAMI FL 33169	
TITLE MRS.	T	☐ Delete	TITLE MR.	T	☐ Change ☒ Addition
NAME	PIERRE-OKERSON, JUDITH MRS.		NAME	EARL DAVEY	
STREET ADDRESS	7952 PLANTATION BLVD.		STREET ADDRESS	1061 NW 195 ST	
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP	MIAMI FL 33169	
TITLE		☐ Delete	TITLE MR.	T	☐ Change ☒ Addition
NAME			NAME	LLOYD SINCLEAR	
STREET ADDRESS			STREET ADDRESS	1401 NW 192ND ST	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33169	
TITLE		☐ Delete	TITLE MR.		☐ Change ☒ Addition
NAME			NAME	STACEY JONES	
STREET ADDRESS			STREET ADDRESS	19140 NW 22ND PL.	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33056	
TITLE		☐ Delete	TITLE	~~EARL DAVEY~~	☐ Change ☒ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: _____ 4/17/08 3053353603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #