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Jun 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
*Barbara B. Northam*  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 705795 (3)  
1. Corporation Name  
**TAMIAMI METHODIST CHURCH, INC.**



Principal Place of Business Mailing Address  
726 SW 14 AVE MIAMI FL 33135 726 SW 14 AVE MIAMI FL 33135-3841

3. Date incorporated or Qualified 06/24/1963 3a. Date of Last Report 03/01/1996

2. Principal Place of Business 2a. Mailing Address  
21 726 SW 14 Ave 26 726 SW 14 Ave  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Miami, Florida 27  
City & State City & State  
23 3 Zip 28 Miami, Florida  
Country Zip Country  
24 33135 25 Dade 29 33135 30 Dade

4. FEI Number 59-0714833 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  
AMARO, OVIDIO  
1635 S.W. 18TH STREET  
MIAMI FL 33145

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                    |
|----------------------------|------------------------------------|
| TITLE                      | D <input type="checkbox"/> DELETE  |
| NAME                       | MARTINEZ, LILIAN                   |
| STREET ADDRESS             | 950 S.W. 1ST                       |
| CITY-ST-ZIP                | MIAMI, FL 00000                    |
| TITLE                      | D <input type="checkbox"/> DELETE  |
| NAME                       | BORREGO, ORESTE                    |
| STREET ADDRESS             | 728 SW 14TH AVENUE                 |
| CITY-ST-ZIP                | MIAMI, FL 00000                    |
| TITLE                      | P <input type="checkbox"/> DELETE  |
| NAME                       | AMARO, OVIDIO                      |
| STREET ADDRESS             | 1635 SW 18TH ST                    |
| CITY-ST-ZIP                | MIAMI, FL 00000                    |
| TITLE                      | S <input type="checkbox"/> DELETE  |
| NAME                       | HERNANDEZ, LUCIA                   |
| STREET ADDRESS             | 728 S.W. 14 AVE.                   |
| CITY-ST-ZIP                | MIAMI, FL 00000                    |
| TITLE                      | D <input type="checkbox"/> DELETE  |
| NAME                       | BORREGO, ELSA                      |
| STREET ADDRESS             | 726 S.W. 14 AVE.                   |
| CITY-ST-ZIP                | MIAMI, FL 00000                    |
| TITLE                      | PD <input type="checkbox"/> DELETE |
| NAME                       | AMARO, BARBARA                     |
| STREET ADDRESS             | 1840 W. 44 PL APT 808              |
| CITY-ST-ZIP                | HIACLEAH FL                        |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME  | Lorenzo, Aleida  |
| 1.3 STREET ADDRESS                                    | 3420 S.W. 104 Ct.  |
| 1.4 CITY-ST-ZIP                                       | Miami, Florida 33165   |
| 2.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME  | Amaro, Anal.   |
| 2.3 STREET ADDRESS                                    | 1635 S.W. 18 St  |
| 2.4 CITY-ST-ZIP                                       | Miami, Florida 33145   |
| 3.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME  | Martinez, Marina.  |
| 3.3 STREET ADDRESS                                    | 1436 S.W. 65t  |
| 3.4 CITY-ST-ZIP                                       | Miami, Florida 33135   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY-ST-ZIP                                       |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| 5.2 NAME  |  |
| 5.3 STREET ADDRESS                                    |  |
| 5.4 CITY-ST-ZIP                                       |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| 6.2 NAME  |  |
| 6.3 STREET ADDRESS                                    |  |
| 6.4 CITY-ST-ZIP                                       |  |

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.

SIGNATURE \_\_\_\_\_

CR2E037 (9/96)