FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

Suite, Apt. #, etc. *

City & State

22

23



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 705795

Corporation Name							
Tamiami methodist church, inc.							
•	•						
y 1 y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>						
Principal Place of Business	Mailing Address						
726 S.W. 14 AVE:	726 SW 14 AVE						
MIAMI FL 33135	MIAMI FL 33135						
US							
•							
	_						
2 Dringing Place of Rusiness	2a Mailing Address						

26

28

Suite, Apt. #, etc.

City & State

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90022 028 ****70.00

|--|

Applied For

\$8.75 Additional

Fee Required

Not Applicable

Date Incorporated or Qualified 06/24/1963

5. Certifcate of Status Desired

4. FEI Number

59-0714833

3. Name and Address of Current Registered Agent 3. Name and Address of New Registered Agent 4. City FL State Address (P.O. Box Number is Not Acceptable) 4. City FL State Address (P.O. Box Number is Not Acceptable) 4. City FL State Address (P.O. Box Number is Not Acceptable) 4. City FL State Address (P.O. Box Number is Not Acceptable) 4. City FL State Address (P.O. Box Number is Not Acceptable) 4. City FL State Address (P.O. Box Number is Not Acceptable) 4. City FL State Address (P.O. Box Number is Not Acceptable) 4. City FL State Address (P.O. Box Number is Not Acceptable) 5. City State Address (P.O. Box Number is Not Acceptable) 5. City State Address (P.O. Box Number is Not Acceptable) 5. City State Address (P.O. Box Number is Not Acceptable) 5. City State Address (P.O. Box Number is Not Acceptable) 5. City State Address (P.O. Box Number is Not Acceptable) 5. City State Address (P.O. Box Number is Not Acceptable) 5. City State Address of Portions Address of Number and State Address of	23										
9. Name and Address of Current Registered Agent AMARO, OVIDIO 1835 S.W. 187H STREET MIAMI P. 33145 82 Street Address (P.O. Box Number is Not Acceptable) 83	_		Zip		ry	5				•	
AMARO, OVIDIO 1835 S.W. 18TH STREET MIAMI FL 33145 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 11. Pursuant to the provisions of Section 617.0502 and 617.1508, Florida Statutes, the experimental comporation submits this statement for the purple is 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 or familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the experimental comporation submits this statement for the purple is registered effice or experiment with, and accept the obligations of, Section 617.0503, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent apparent with an accept the obligations of, Section 617.0503, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent apparent with an accept the obligations of, Section 617.0503, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent apparent and the remaining of the purple is registered agent apparent agent and the purple accept the corporation's board of directors. I hereby accept the appointment as registered agent agent and accept the obligations of, Section 617.0503, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent	24										
1635 S.W. 187H STREET MAMI FL 33145 83 44 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 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. In familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 3000ALAN, hyper or printed stare of ingulated agent and 186 if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTIRE 1. TITLE	111100 (* , , , , ,		- 1 - 1
MIAMI FL 33145 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 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 Signature, hyper or printed name of registered agent and title if appointment as registered agent appointment as registered. 12. OFFICERS AND DIRECTORS 12. MARTINEZ, ULIAN MARTINEZ, ULIAN MARTINEZ, ULIAN MARTINEZ, ULIAN MARTINEZ, ULIAN 12. OFFICERS AND DIRECTORS 13. MARTINEZ, ULIAN 12. OFFICERS AND DIRECTORS 13. SEREPT ADDRESS 14.0Th's 57.2P MIAMI, FL 00000 DELETE 21 TITLE D D DELETE 21 TITLE D D DELETE 22 NAME STREET ADDRESS NOW, 32. A V.C. MIAMI, FL 00000 DELETE 31 TITLE D D DELETE 31 TITLE P D D DELETE 31 TITLE AMARC NORSON (OVIDIO 32 NAME 32 NAME 33 STREET ADDRESS 34 CITY-51-2P TITLE NAME 13. STREET ADDRESS 34 CITY-51-2P TITLE NAME 14. STREET ADDRESS 34 CITY-51-2P TITLE S D DELETE 31 TITLE S D DELETE 31 TITLE S D D DELETE 31 TITLE D D D DELETE 31 TITLE S D D DELETE 31 TITLE D D D DELETE 31 TITLE S S S S S S S S S S S S S S S S S S	•	_	ere (12 ere	_		Address	(P.O. Box Nun	iber is Not Accepta	able)	أأرثن أستراكا المرادة	
11. Pursuant to the provisions of Sections 617 (502 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 (503, Florida Statutes.) SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TIME 1.5 TIME				8	3						**************************************
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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE Signature, Speed or philida name of registered agent and tille of applicable. 12. OFFICERS AND DIRECTORS TILLE D WARTINEZ, LULIAN MARTINEZ, LULIAN STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 MAMI, FL 00000 DELETE 11 TILLE D DELETE 22 NAME 23 INTERET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 DELETE 31 TILLE P MARGINAME, STREET ADDRESS 13 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 DELETE 31 TILLE AMARO, OVIDIO STREET ADDRESS 13 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 DELETE 41 TILLE Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE D Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE D Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE D Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE D Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE D Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE D Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE D Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE CHANGE 23 INTERET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 T TILLE D Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND				8	4 City				FL	85 Zip C	ode
Signature, typed or printed remote required with a street abortes 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. AVC. A	11. Pursuant	to the provisions of Sections 617.0502	f Florida. Such change wa	as authonzed b	v the corpo	corpora oration's	tion submits thi board of direct	s statement for the ors. I hereby acce	purpose o pt the appo	f changing its r pintment as reg	egistered istered
12.	SIGNATURE	Signature, funed or printed name of registered scent	and title if apolicable.	NOTE: Registered Ac	ent signature n	required wh	en reinstating)		DATE		_
TITLE D	12.						ADDITIONS/	CHANGES TO OF	FICERS A	ND DIRECTOR	
MAME MARTINEZ, ULLAN 12 NAME 13 STREET ADDRESS 13 D S.W. 3 2 Avc. Ancember Addition Ancember Ancember Addition Ancember				1.1 TT/LE	: <u>"</u>	DES	Pinns	a Rolan	do	☐ Change	Addition
TITLE D	NAME	MARTINEZ, LILIAN		1.2 NAM		13	n 5.W.	32 Ave			,
TITLE	STREET ADDRESS	950 S.W. 1ST		1.3 STRE	ET ADDRESS	MA	emic F	Z. 33/3.	5		
MAME	CITY-ST-ZIP	MIAMI, FL 00000			-ST-ZIP	71/10	4/10/1				
STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 DELETE STITLE DELETE STIT	TITLE	D	☐ DELETE	2.1 TITLE						L Change	L] Addition
CITY-ST-ZIP	NAME			2.2 NAM	E '						Ì
TITLE	STREET ADDRESS		* ====================================	2.3 STRE	ET ADDRESS	- ,		ية بحور الارزاء فيسهد بالم		e	
AMARO, OVIDIO STREET ADDRESS 1635 SW 18TH ST CITY-ST-ZIP MIAMI, FL 00000 32 NAME 33 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 34 CITY-ST-ZIP ALTITLE S NAME HERNANDEZ, LUCIA 4 2 NAME 4 3 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 44 CITY-ST-ZIP NAME BORREGO, ELSA 51 STREET ADDRESS 726 S.W. 14 AVE. 53 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 54 CITY-ST-ZIP MIAMI, FL 00000 54 CITY-ST-ZIP MIAMI, FL 00000 55 CITY-ST-ZIP MIAMI, FL 00000 56 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 57 CITY-ST-ZIP MIAMI, FL 00000 58 STREET ADDRESS CITY-ST-ZIP NAME AMARO, BARBARA STREET ADDRESS 1840 W. 44 PL APT 808 63 STREET ADDRESS CITY-ST-ZIP HIAI FAH FI 64 CITY-ST-ZIP HIAI FAH FI 64 CITY-ST-ZIP	City-St-Zip	MIAMI, FL 00000								Change	Addition
STREET ADDRESS 1635 SW 18TH ST 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP MIAMI, FL 00000 3.4 CITY-ST-ZIP	TITLE	P	☐ DETELI							Citalião	
CITY-ST-ZIP MIAMI, FL 00000 34. CITY-ST-ZIP MIAMI, FL 00000 Addition Additio	NAME										İ
TITLE	STREET ADDRESS										
NAME	CITY-ST-ZIP		(F) art FT						:	□ Change	Addition
STREET ADDRESS T26 S.W. 14 AVE.			☐ DECE !!			Ì				☐ Orlango	
CITY-ST-ZIP MIAMI, FL 00000		,		i'					•		
TITLE D		i									
NAME BORREGO, ELSA STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 DELETE AMARO, BARBARA STREET ADDRESS CITY-ST-ZIP HIAI FAH FI BORREGO, ELSA 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP HIAI FAH FI 6.4 CITY-ST-ZIP 6.5 CITY-ST-ZIP 6.6 CITY-ST-ZIP 6.7 CITY-ST-ZIP			T nel et			···				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 DELETE 6.1 TITLE PD NAME AMARO, BARBARA STREET ADDRESS CITY-ST-ZIP HIAI FAH FI 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 CITY-ST-ZIP 6.5 CITY-ST-ZIP 6.6 CITY-ST-ZIP 6.7 CITY-ST-ZIP					_						_
STREET ADDRESS 720 3.11. 14 AVE.		· / - ·									
TITLE PD DELETE 6.1 TITLE GOODS AMARO, BARBARA STREET ADDRESS 1840 W. 44 PL APT 808 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP HIAI FAH FI 6.4 CITY-ST-ZIP										-	
NAME AMARO, BARBARA STREET ADDRESS CITY, ST. ZIP HIAI FAH FI 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST. ZIP 6.4 CITY - ST. ZIP			□ DELET			 				Change	Addition
STREET ADDRESS 1840 W. 44 PL APT 808 6.3 STREET ADDRESS CITY. ST. ZIP HIAI FAH FI 6.4 CITY. ST. ZIP		1		- 4	E			•			
CITY, ST. ZIP HIAI FAH FI 6.4 CITY-ST-ZIP		l .		6.3 STR	ETADORESS						
		1		6.4 CITY	-ST-ZIP						,
14. 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 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 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 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 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 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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certification supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certification supplied with this filing does not qualify for the exemption supplied with this filing does not qualify for the exemption supplied with the suppli	14. hereby	certify that the information supplied with	this filing does not quali	fy for the exem	ption stated	d in Sec	tion 119.07(3)(i), Florida Statutes.	I further o	ertify that the in	formation

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, with all other like empowered.

SIGNATURE: