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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 710426					
1. Corporation Name FIRST UNITED METHODIST CHURCH OF MIAMI, INC.					
Principal Place of Business 400 BISCAYNE BLVD. MIAMI FL 33132			Mailing Address 400 BISCAYNE BLVD. MIAMI FL 33132		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/25/1966	
4. FEI Number 59-1141042		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					
9. Name and Address of Current Registered Agent CARTER, AUBREY 1250 S.W. 19 TERRACE MIAMI FL 33145			10. Name and Address of New Registered Agent 81 Name Vasquez, Carlos 82 Street Address (P.O. Box Number is Not Acceptable) 400 Biscayne Blvd 83 84 City Miami, Florida FL 85 Zip Code 33132		

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 *Carlos Vasquez* *chair person of trustees* 04/16/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D ☐ Change ☐ Addition
NAME	MCMILLAN, JAMES	1.2 NAME	DE Varona, ROBERT
STREET ADDRESS	400 BISCAYNE BLVD	1.3 STREET ADDRESS	400 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI FL 33132	1.4 CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D ☐ DELETE	2.1 TITLE	D ☐ Change ☐ Addition
NAME	BARNES, MARY LOUISE	2.2 NAME	HUTSON, MIRIAM
STREET ADDRESS	400 BISCAYNE BLVD	2.3 STREET ADDRESS	400 BISCAYNE, FL
CITY-ST-ZIP	MIAMI FL 33132	2.4 CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D ☐ DELETE	3.1 TITLE	D-S ☐ Change ☐ Addition
NAME	WILSON, DOROTHY	3.2 NAME	SWEARINGEN, VAN
STREET ADDRESS	400 BISCAYNE BLVD	3.3 STREET ADDRESS	400 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI FL 33132	3.4 CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ORGAZ, RICHARDO	4.2 NAME	
STREET ADDRESS	400 BISCAYNE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D - C ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VASQUEZ, CARLOS	5.2 NAME	
STREET ADDRESS	400 BISCAYNE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	STEELE, DAVID	6.2 NAME	
STREET ADDRESS	400 BISCAYNE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Carlos Vasquez* **SIGNATURE REQUIRED** 04/16/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)