## 2004 NOT-FOR-PROFIT CORPORATIO

## **FILED** Apr 26, 2004 8:00 am Secretary of State

04-26-2004 91106 001 \*\*\*122.50

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SIGNATURE: 1

**DOCUMENT #710426** 1. Entity Name FIRST UNITED METHODIST CHURCH OF MIAMI, INC. Principal Place of Business Mailing Address 400 BISCAYNE BLVD. 400 BISCAYNE BLVD. 66415390 MIAMI, FL 33132 MIAMI, FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172004 Chg-NP CR2E037 (10/03) City & State City & State Applied For 4. FEI Number 59-1141042 Not Applicable Zip Country Country Ziο \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAGGESEN, DONALD Street Address (P.O. Box Number is Not Acceptable) 400 BISCAYNE BLVD MIAMI, FL 33132 City Zip Code 8. The above named entity submits this systement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE red agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE **C**KDelete TITLE ← Change Opal Winebrenner SIMMONS, HELEN MAME NAME 400 Biscayne Blvd 5771 SW 14 ST. STREET ADDRESS STREET ADDRESS Miami, FL 33132 CITY-ST-ZIP MIAMI, FL 33144 CITY-ST-ZIP ክጤና TITLE ☐ Delete ☐ Change Addition NAME CHAVIANO, EMILIO NAME 400 BISCAYNE BLVD. STREET ADDRESS STREET ADDRESS MIAMI, FL 33133 CITY-ST-ZIP CITY-ST-ZIP Change TITLE K Delete TITLE Addition WINEBRENNER, OPAL NAME NAME Esmine Grey STREET ADDRESS 5431 NW 167 ST STREET ADORESS 871 NE 137 ST CMY-ST-ZIP OPA LOCKA, FL 33055 CITY-ST-ZIP North Miami, FL 33161 TITLE TITLE Delete Change Addition NAME BAGGESEN, DONALD NAME STREET ADDRESS 400 BISCAYNE BLVD STREET ADORESS CITY-ST-ZP MIAMI, FL 33132 CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME MANE STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 12. 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 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 repetiver 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 attact/men/with an address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR