2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 28, 2005 8:00 am Secretary of State **DOCUMENT #710426** 04-28-2005 90361 001 ***122.50 1. Entity Name FIRST UNITED METHODIST CHURCH OF MIAMI, INC. Principal Place of Business Mailing Address 66013845 400 BISCAYNE BLVD. 400 BISCAYNE BLVD. MIAMI, FL 33132 MIAMI, FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212005 Chg-NP CR2E037 (10/03) City & State City & State FEI Number 59-1141042 Applied For Not Applicable Zip Country Country Zip \$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 CARLOS VASQUEZ BAGGESEN, DONALD Street Address (P.O. Box Number is Not Acceptable) 400 BISCAYNE BLVD 400 BISCAYNE BLVD MIAMI, FL 33132 MIAMI, FL 33132 Zip Code 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 (NCITE: Recentered Activit extremine remixed when remittation) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by May 1, 2005 Trust Fund Contribution Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Delete TITLE Addition WINERRENNER OPAL NAME NAME 400 BISCAYNE BLVD. STREET ADDRESS STREET ATTURESS MIAMI, FL 33132 CITY-ST-ZP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Chance Addition CHAVIANO, EMILIO NAME STREET ADDRESS 400 BISCAYNE BLVD. STREET ADORESS MIAMI, FL 33133 CITY-ST-7IP CITY-ST-ZP TITLE ☑ Delete TITLE X Change ☐ Addition BAGGESEN, GWALTER ESMINE GREY NAME NAME 400 BISCAYNE BLVD STREET ADDRESS 871 NE 137 ST. STREET ADORESS CITY-ST-ZIP MIAMI, FL 33161 CITY-ST-ZIP MIAMI, FL 33132 🔀 Delete TITLE TITE F X Change Addition VASQUEZ, CARLOS BAGGESEN, DONALD NAME NAME 400 BISCAYNE BLVD 400 BISCAYNE BLVD STREET ADORESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 CITY-ST-ZIP MIAMI, FL 33132 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby 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 the 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 employeed 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.

FED NAME OF SIGNING OFFICER OR DIRECTOR

FILED