

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

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90312 001 \*\*\*122.50

**DOCUMENT # 710426**

Entity 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**

**66009417**



**DO NOT WRITE IN THIS SPACE**

04072007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-1141042**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BOLEN, GLORIA  
3271 NW 15 STREET  
MIAMI, FL 33125**

**DO NOT WRITE  
IN THIS SPACE**

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

*Gloria Bolen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4-8-07*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WINEBRENNER, OPAL  
400 BISCAYNE BLVD.  
MIAMI, FL 33132**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CHAVIANO, EMILIO  
400 BISCAYNE BLVD.  
MIAMI, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BAGGESEN, WALTER  
400 BISCAYNE BLVD  
MIAMI, FL 33132**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COB  
GALVIN, SCOTT  
400 BISCAYNE BLVD  
MIAMI, FL 33132**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
BOLEN, GLORIA  
3271 NW 15 STREET  
MIAMI, FL 33125**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 receiver 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 attachment with an address, with all other like empowered.

SIGNATURE:

*Gloria Bolen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-8-07*

Date

Daytime Phone #