2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Sep 13, 2007 **DOCUMENT#710426** Secretary of State

Entity Name: FIRST UNITED METHODIST CHURCH OF MIAMI, INC.

Current Principal Place of Business: New Principal Place of Business:

400 BISCAYNE BLVD. MIAMI, FL 33132

Current Mailing Address: New Mailing Address:

400 BISCAYNE BLVD. MIAMI, FL 33132

FEI Number: 59-1141042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOLEN, GLORIA LEAVITT, WENDY 3271 NW 15 STREET 400 BISCAYNE BLVD MIAMI, FL 33125 MIAMI, FL 33132

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.

SIGNATURE: WENDY LEAVITT 09/13/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition WINEBRENNER, OPAL GALVIN, SCOTT Name: Name:

400 BISCAYNE BLVD. Address: 400 BISCAYNE BLVD. Address: City-St-Zip: MIAMI, FL 33132 City-St-Zip: MIAMI, FL 33132

Title: () Delete Title: (X) Change () Addition CHAVIANO, EMILIO BAGGESEN, DONALD Name: Name:

Address: 400 BISCAYNE BLVD. Address: 400 BISCAYNE BLVD. City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33132

Title: () Delete Title: (X) Change () Addition BAGGESEN, WALTER Name: BOLEN, GLORIA Name:

400 BISCAYNE BLVD 400 BISCAYNE BLVD Address: Address: City-St-Zip: MIAMI, FL 33132 City-St-Zip: MIAMI, FL 33132

Title: COB () Delete Title: (X) Change () Addition

Name: GALVIN, SCOTT Name: BACON, BELINDA 400 BISCAYNE BLVD 400 BISCAYNE BLVD Address: Address: City-St-Zip: MIAMI, FL 33132 City-St-Zip: MIAMI, FL 33132

Title: () Delete Title: (X) Change () Addition

BOLEN, GLORIA BRIDGES, GENE Name: Name: 3271 NW 15 STREET 400 BISCAYNE BLVD Address: Address: City-St-Zip: MIAMI, FL 33125 City-St-Zip: MIAMI, FL 33132

Title: () Delete Title: () Change (X) Addition Name:

LEAVITT, WENDY Name: Address: 400 BISCAYNE BLVD MIAMI, FL 33132 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDY LEAVITT D 09/13/2007