

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714134 (4)

1. Corporation Name
MIAMI LAKES UNITED METHODIST CHURCH, INCORPORATE D



Principal Place of Business: 14800 NW 67 AVE. MIAMI LAKES FL 33014
Mailing Address: 14800 NW 67 AVE. MIAMI LAKES FL 33014

3. Date Incorporated or Qualified: 02/21/1968
3a. Date of Last Report: 04/27/1995
4. FEI Number: 59-1285497
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**AVILA, DIANN
14800 NW 67 AVE.
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: *Diann J. Avila*
Signature typed or printed name of registered agent or officer or director

DATE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVILA, DIANN	1.2 NAME	
STREET ADDRESS	19442 N.W. 59TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADCOCK, CARMEN	2.2 NAME	
STREET ADDRESS	7016 HOLLY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBLE, ALICE MARIE	3.2 NAME	
STREET ADDRESS	17411 N.W. 62ND CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARON, JOHN	4.2 NAME	
STREET ADDRESS	6870 MIAMI LAKES DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATTERS, DICK	5.2 NAME	
STREET ADDRESS	17927 N.W. 66TH CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WENTZ, PHIL	6.2 NAME	
STREET ADDRESS	14041 LAKE CANDLEWOOD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	6.4 CITY-ST-ZIP	

Handwritten entries for Block 13:
2.1 PAUL MERRITT
2.3 14740 HARBOR PLACE
2.4 MIAMI LAKES FL 33014
5.1 STEVE PLACK
5.3 1157 CROMWELL DRIVE
5.4 CUPPER CITY FL 33026
6.1 PHIL WENTZ
6.3 15021 CANDLEWOOD PLACE
6.4 MIAMI LAKES FL 33014

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *John W. Baron* PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 305/624-6034
Date Daytime Phone #

CR2E037 (12/95)