


FILE NOW: FILING FEE IS \$61.25

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Jun 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
14800 NW 67 AVE. MIAMI LAKES FL 33014  
14800 NW 67 AVE. MIAMI LAKES FL 33014-2753

3. Date incorporated or Qualified 02/21/1968  
3a. Date of Last Report 04/01/1996  
4. FEI Number 59-1285497 Applied For Not Applicable  
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 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 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 FREDUND RICHARD N.  
82 Street Address (P.O. Box Number is Not Acceptable) 15021 DUNBARTON PLACE  
83  
84 City MIAMI LAKES FL 85 Zip Code 33014

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 *Richard N. Freund* *Richard N. Freund* 6/21/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	AVILA, DIANN	
STREET ADDRESS	19442 N.W. 59TH PLACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MERRITT, PAUL	
STREET ADDRESS	14740 HARRIS PLACE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOBLE, ALICE MARIE	
STREET ADDRESS	17411 N.W. 62ND CT.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BARON, JOHN	
STREET ADDRESS	6870 MIAMI LAKES DR.	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLACK, STEVE	
STREET ADDRESS	11157 LONGBOAT DRIVE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FREUND, DICK	
STREET ADDRESS	15021 DUNBARTON PLACE	
CITY-ST-ZIP	MIAMI LAKES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DICK WATERS	
1.3 STREET ADDRESS	17927 NW 66 COURT CIRCLE	
1.4 CITY-ST-ZIP	MIAMI FL 33015	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAME	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RICHARD FREUND	
4.3 STREET ADDRESS	15021 DUNBARTON PLACE	
4.4 CITY-ST-ZIP	MIAMI LAKES FL 33014	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000002227480	
6.3 STREET ADDRESS	-07/01/97--01002--017	
6.4 CITY-ST-ZIP	***61.25	

14. I do 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 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: *Richard N. Freund* 9-17-97 305 557-7211

CR2E037 (9/96)