FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



• FLORIDA DEPARTMENT CE STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

714134

(4)

MIAMI LAKES UNITED METHODIST CHURCH, INCORPORATE

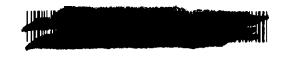
14800 NW 67 AVE. MIAMI LAKES FL 33014

Principal Place of Business

Mailing Address

14800 NW 67 AVE. MIAMI LAKES FL 33014-2753

FILED Jun 30 1997 8:00am Secretary of State



								 Date Incorporated or Qualified 02/21/1968 		ate of Last R 04/01/199		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number			plied For	
ন			26	26				59-1285497			1 Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			$\neg \neg$	T. O. W		\$8.75		
22			27	27				5. Certificate of Status Desired	LJ	Fee Re		
City & State				City & State				S. Election Campaign Financing		\$5.00	May Be	
23				28				Trust Fund Contribution		Added t		
Zip	Country			Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,				
24]		25	29	30				Florida Statutes Yes No				
	9, Name a	and Address of Curre	nt Register	ed Agent		Od Name	10. Name and Address of New Registered Agent					
81 Na								REUND BICKARD N.				
							82 Street Address (P.O. Box Number is Not Acceptable)					
14800 N				ļ	15021 DUNBARTON PLACE							
MIAMI L	014				83							
4				. }	84 City	City 85 75 Code						
11871AMI CAKES FL 33016												
Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above pamed 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 wits, and accept the oblinations of, Section 617.0503, Florida Statutes.												
agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.												
SIGNATURE Signature, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating) ONTE												
12.	Signature, typed o	OFFICERS AN	 	`	E Registered	Agent signature	required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDS AND	COURTON	CINIAO	
TITLE	SD	OFFICENS AN	DINECTO	DELETE	1.1 [1]					Change	Addition	
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CITY-ST-ZIP	HIALEAH FL					I. CITY-ST-ZIP						
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NAME	BARON, J	OHN		4.2 N				1CHARDFREIND				
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·····E	FREUND,	DICK		•	6.2 NA1				- ሰብ ፣	5 U		
T ADDRESS				•		REET ADDRESS		00000222 -07/01/97010	WZU.	Τί	- 1	
CITY-ST-ZIP	MIAMI LAI					/-ST-ZIP		***61.25				
14. I do hereb	y certify that t	he Information supplies	d with this fil	ing does not qualif	y for the e	xemption st	tated in	Section 119.07(3)(i), Florida Statute	s. I further	certify that t	he	
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 F	Block 13 th changed, of	on an attac	hment with an add	ress.		- 10016 826	- Tagenda ay anapina arrivina c		27		
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