

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 29 1998 8:00am
 Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 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
 14900 NW 67 AVE. 14800 NW 67 AVE.
 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014

3. Date Incorporated or Qualified
 02/21/1968

4. FEI Number 59-1285497 Applied For Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 FREUND, RICHARD N
 15021 DUNBARTON PLACE
 MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent
 81 Name JOHN W BARON
 82 Street Address (P.O. Box Number is Not Acceptable) 6870 MIAMI LAKES DR
 83
 84 City MIAMI LAKES FL 85 Zip Code 33014

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: *John W Baron* JOHN W BARON DATE: 7-13-98
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	WATTERS, DICK	
STREET ADDRESS	17927 NW 66 COURT CIRCLE	
CITY-ST-ZIP	MIAMI FL 33015	
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. 82ND CT.	
CITY-ST-ZIP	HAIALEAH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FREUND, RICHARD	
STREET ADDRESS	15021 DUNBARTON PLACE	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	PD JOHN W BARON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	6870 MIAMI LAKES DR
4.3 STREET ADDRESS	MIAMI LAKES FL 33014
4.4 CITY-ST-ZIP	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *John W Baron* 7-13-98 (305) 821-7274
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)