2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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Feb 14, 2005 8:00 am **Secretary of State** DOCUMENT # 714134 1. Entity Name 02-14-2005 90059 002 ****70.00 MIAMI LAKES UNITED METHODIST CHURCH, INCORPORATED Principal Place of Business Mailing Address 14800 NW 67 AVE 14800 NW 67 AVE. MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE · CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-1285497 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -JOHN BARON BARON, BARBARA Street Address (P.O. Box Number is Not Acceptable) 6870 MIAMI LAKES DR HIALEAH FL 33014 DRIVE MIAMI LAKES City MIAMI LAKES 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 OFFICERS AND DIRECTORS 11. Delete TITLE THILE Addition PJOHN BARON MIAMI LAKES DR. SCHOOL, HAUS . NAME NAME 6870 18332 NW 68 AVE STREET ADDRESS STREET ADDRESS 330/4 MIAMI LAKES, FL MIAMI LAKES FL 33015 CITY-ST-ZIP CITY-ST-ZIP DYALIER FARINAS THLE TITLE ☐ Change Addition Delete SPIERING, CRAIG NAME NAME 7210 MIAMI LAKEWAY SOUTH 14231 LAKE SORNAC AVE STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33014 MIAMI LAKES, FL 33014 CITY-ST-ZIP CITY-ST-ZIP SD Delete Addition TITLE TITLE Change SD STEVE WINE DURR, JIM 6930 HOLLY ROAD 17920 NW 80TH AVENUE STREET ADDRESS STREET ADDRESS LAKES, FL 33014 HIALEAH FL 33015 CITY-ST-ZIP. -CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition BARON, BARBARA NAME NAME 6870 MIAMI LAKES DRIVE STREET ADDRESS STREET ADDRESS HIALEAH FL 33014 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE TITLE [] Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment withhan address, with all other like empowered.

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