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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 724863 (6)
1. Corporation Name

KILLIAN PINES UNITED METHODIST CHURCH, INC.



Principal Place of Business Mailing Address
10755 S.W. 112TH STREET MIAMI FL 33176
10755 S.W. 112TH STREET MIAMI FL 33176-3430

3. Date Incorporated or Qualified 11/22/1972
3a. Date of Last Report 02/29/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1854296
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. Applied For Not Applicable
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent DE MARIA, ALBERT
11430 S.. 114 COURT MIAMI FL 33176
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D SPENCE, JOANN DELETED
NAME SPENCE, JOANN
STREET ADDRESS 10520 SW 125TH ST
CITY-ST-ZIP MIAMI FL
TITLE T CUNDE, TOM
NAME CUNDE, TOM
STREET ADDRESS 14575 SW 168 ST
CITY-ST-ZIP MIAMI FL
TITLE S ALLEN, GEORGEANNE
NAME ALLEN, GEORGEANNE
STREET ADDRESS 10821 SW 102 PLACE
CITY-ST-ZIP MIAMI FL 33176
TITLE D SARNACK, BOB
NAME SARNACK, BOB
STREET ADDRESS 10755 SW 112TH ST
CITY-ST-ZIP MIAMI FL
TITLE T BRADDOCK, VIRGINIA
NAME BRADDOCK, VIRGINIA
STREET ADDRESS 5029 S.W. 151 PLACE
CITY-ST-ZIP MIAMI FL 33185
TITLE D BRAMBLETT, CLYDE
NAME BRAMBLETT, CLYDE
STREET ADDRESS 18950 SW 136 ST
CITY-ST-ZIP MIAMI FL
1.1 TITLE C
1.2 NAME Reed, Norman
1.3 STREET ADDRESS 10401 SW 93 St
1.4 CITY-ST-ZIP Miami, FL 33176
2.1 TITLE TR
2.2 NAME Cundle, Tom
2.3 STREET ADDRESS 14575 SW 168 ST
2.4 CITY-ST-ZIP Miami, FL 33176
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Virginia M. Braddock 1-14-97 (305) 552-0267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033119

CR2E037 (9/96)