


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 724863 (6)
 Corporation Name
KILLIAN PINES UNITED METHODIST CHURCH, INC.

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

3. Date Incorporated or Qualified 11/22/1972	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number 59-1854296	Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, NORMAN	1.2 NAME	
STREET ADDRESS	10401 SW 93 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNDLE, TOM	2.2 NAME	RAY, SELDEN
STREET ADDRESS	14575 SW 168 ST	2.3 STREET ADDRESS	10420 SW 107 St.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami FL 33176
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, GEORGEANNE	3.2 NAME	ARTHUR, KATHLEEN
STREET ADDRESS	10921 SW 102 PLACE	3.3 STREET ADDRESS	10801 SW 104 Ave.
CITY-ST-ZIP	MIAMI FL 33176	3.4 CITY-ST-ZIP	Miami FL 33176
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARNACK, BOB	4.2 NAME	LE DUC, ALBERT
STREET ADDRESS	10755 SW 112TH ST	4.3 STREET ADDRESS	10321 SW 107 St.
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami FL 33176
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADDOCK, VIRGINIA	5.2 NAME	HEATH, ISABELLE
STREET ADDRESS	5029 S.W. 151 PLACE	5.3 STREET ADDRESS	10231 SW 107 St.
CITY-ST-ZIP	MIAMI FL 33185	5.4 CITY-ST-ZIP	Miami FL 33176
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMBLETT, CLYDE	6.2 NAME	
STREET ADDRESS	18950 SW 136 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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: *Albert L. LeDuc* Albert L. LeDuc 3/31/98 305 270-6059

CR2E037 (10/97)