


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # 724863	
1. Entity 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
---	---

DO NOT WRITE IN THIS SPACE



02112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1854296	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAMBLETT, CLYDE
 18950 SW 136TH ST
 MIAMI, FL 33196

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ORELLANA, SARA 11531 SW 98 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR RAY, SELDEN 10420 SW 107 ST. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STOKES, DEBBIE 11541 SW 98TH AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENNARO, BILL 12252 SW 102 TERR MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SARNACK, BOB 8130 SW 99 AVE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000649392
 03/07/07-80047-013 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or 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 with an address, with all other like empowered.

SIGNATURE: Bob Sarnack **Bob Sarnack** 2/19/2007 305 279 2249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #