


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 724863</b> 1. Entity Name KILLIAN PINES UNITED METHODIST CHURCH, INC.	
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Principal Place of Business 10755 S.W. 112TH STREET MIAMI, FL 33176	Mailing Address 10755 S.W. 112TH STREET MIAMI, FL 33176
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03032008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1854296	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BRAMBLETT, CLYDE 18950 SW 136TH ST MIAMI, FL 33196
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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U000000955574  
03/27/08-80055-021 61.25

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	

<b>DO NOT WRITE IN THIS SPACE</b>
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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 the empowered.

**SIGNATURE:** Bob Sarnack March 9, 2008 (305) 279-2249  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #