FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 734920 1. Corporation Name

CHRIST CHURCH UNITED METHODIST, INC.

Principal Place of Business

Mailing Address

4845 N.E. 25TH AVE.

4845 N.E. 25TH AVE.

FILED Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90033 038 ****61.25

ft. Lauderda	ALE FL 33308	ft. Lauderdale fl 33308							
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualifed 02/09/1976	i	-,, -	٠.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-0931259	4. FEI Number 59-0931259		plied For t Applicable		
City & State		City & State			5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
Zip 24	Country 25	Zip Country 30		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Added to Fee			•		
	9. Name and Address of Current	Registered Agent	<u>'</u>		10. Name and Address of New	Registered	Agent		
			81	Name	Came				
DIOVED MINITIAL				Street A	Same	table)			
RICKER, WILLIAM 500 E BROWARD BLVD			82	450	oddress (P.O. Box Number is Not Accept East Las Olas Bl	vď. s	uite 9	950	
17TH FLR			83						
FT LAUDERDALE FL 33394			84	0:4:			85 Zip (Code	
FILAUDE	HUALE FL 33394		84	City Fo	ort Lauderdale	FL	85 Zip 9	301	
office or n agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State or m familiar with, and accept the obligate	or Fiorica. Silich chande was autho	orizea ov	the corpor	corporation submits this statement for the ration's board of directors. I hereby according to the ration's board of directors.	e purpose of ept the appoi	changing its ntment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Rec	jistered Ager	nt signature re	quired when reinstating)	DATE			
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AN			
TITLE	VD	☐ DELETE	1.1 TITLE	1	PD		Change	Addition	
NAME	STUNSON, SHELLEY		1.2 NAME	- 1	Charles M. Rowan,				
STREET ADDRESS	4071 NE 15TH ST		1.3 STREET	TADDRESS	4720 NE 26 Avenue				
CITY-ST-ZIP	OAKLAND PARK FL 33334		1.4 CITY-S	T-ZiP	Fort Lauderdale,	<u>FL 3</u> 3	3308	### A 1 100	
TITLE	PD	DELETE	2.1 TITLE		SD		Change	Addition	
NAME	IUEN, ALICE	·	2.2 NAME	1.	Joseph Slama				
STREET ADDRESS	2142 NE 15 TERR		2.3 STREE		2829 NE 35 Street	• •		**	
CITY-ST-ZIP	WILTON MANORS FL		2. 4 CITY-S		Fort Lauderdale,	FL 333	0.6		
TITLE	SD	DELETE	3.1 TITLE	ľ			Change	Addition Addition	
NAME	Frazier, Robert W Jr.		3.2 NAME			•			
STREET ADDRESS	3540 BAYVIEW DR.		3.3 STREET	TADDRESS		•			
CITY-ST-ZIP	FT LAUDERDALE FL		3.4. CITY-S	ST-ZIP				D Alles	
TITLE		☐ DELETE	4.1 71TLE	Ì			Change	Addition	
NAME			4. 2 NAME				•		
STREET ADDRESS			4.3 STREE	TADORESS	:				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		<u> </u>	☐ Change	Addition	
TITLE		☐ DELETE	5.1 TITLE				Change	T YOUROU	
NAME			5.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP		C DELETE	5.4 CITY-S 6.1 TITLE	T-ZJP			Change	Addition	
TITLE		☐ DELETE			÷	٠.	- Change	III Addition	
NAME			6.2 NAME	TADDOECC		٠,			
STREET ADDRESS				T ADDRESS					
CITY-ST-7tP			6.4 CITY-S	T-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, with all other like empowered.

SIGNATURE: