

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744109 (0)
1. Corporation Name
THE FIRST UNITED METHODIST CHURCH OF SOUTH MIAMI



Principal Place of Business 6565 RED RD. MIAMI FL 33143 US	Mailing Address 6565 RED RD. MIAMI FL 33143-3692 US
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3. Date Incorporated or Qualified 08/30/1978	3a. Date of Last Report 03/21/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 59-0791020	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SHAHER, THOMAS L., REV
8104 SW 102 ST DK
MIAMI FL 33563 DK**

10. Name and Address of New Registered Agent
81. Name **Rev. DR. MARTHA J BURKE**
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: *Marta J. Burke* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	BURKE, REV DR MARTHA	
STREET ADDRESS	8104 SW 102ND ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	
NAME	COOPER, THOMAS	
STREET ADDRESS	5776 SW 74 TERR	
CITY - ST - ZIP	S MIAMI FL	
TITLE	D	
NAME	MCCANN, PETER	
STREET ADDRESS	5820 SW 87TH ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	
NAME	BAKER, ELIZABETH S.	
STREET ADDRESS	615 GONDOLIERE	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	S	
NAME	PRIESTER, MARY	
STREET ADDRESS	7275 SW 138 ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	
NAME	COOPER, POLLY L.	
STREET ADDRESS	5776 SW 74 TERRACE	
CITY - ST - ZIP	S. MIAMI FL 33143	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
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: *Marta J. Burke* 2/28/97 667-7508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0030117

CR2E037 (9/96)