

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90208 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 744109

1. Corporation Name
THE FIRST UNITED METHODIST CHURCH OF SOUTH MIAMI

139075 90208 743 5

Principal Place of Business Mailing Address
 6565 RED RD. 6565 RED RD.
 MIAMI FL 33143 MIAMI FL 33143
 US US



| | | | | | |
|----|--------------------------------|---------------------|----|--|---|
| 21 | 2. Principal Place of Business | 2a. Mailing Address | 26 | 3. Date Incorporated or Qualified | 08/30/1978 |
| 22 | Suite, Apt. #, etc. | Suite, Apt. #, etc. | 27 | 4. FEI Number | 59-0791020 |
| 23 | City & State | City & State | 28 | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 | Zip Country | Zip Country | 29 | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 30 | | | | | |

| | | | | |
|--|--|--|--|----|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | |
| BURKE, MARTA J 8104 SW 102 ST MIAMI FL 33563 | | 81 | Name | |
| | | 82 | Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | | |
| | | 84 | City | FL |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12 | |
|----------------------------|--|--|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURKE, REV DR MARTHA | 1.2 NAME | |
| STREET ADDRESS | 8104 SW 102ND ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COOPER, THOMAS | 2.2 NAME | D Henry L. Allen |
| STREET ADDRESS | 5776 SW 74 TERR | 2.3 STREET ADDRESS | 12841 SW 68 Avenue Miami, FL 33156 |
| CITY-ST-ZIP | S MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCANN, PETER | 3.2 NAME | D Jeff Nilsson |
| STREET ADDRESS | 5820 SW 87TH ST | 3.3 STREET ADDRESS | 14534 SW 80 Street |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | Miami, FL 33183 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAKER, ELIZABETH S. | 4.2 NAME | |
| STREET ADDRESS | 615 GONDOLIERE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | 4.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRIESTER, MARY | 5.2 NAME | |
| STREET ADDRESS | 7275 SW 138 ST. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COOPER, POLLY L. | 6.2 NAME | |
| STREET ADDRESS | 5776 SW 74 TERRACE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | S, MIAMI FL 33143 | 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, with all other like empowered.

SIGNATURE: *Marta J. Burke* DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)