


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 04, 2004 8:00 am**  
**Secretary of State**

07-20-2004 90001 012 \*\*\*\*61.25

**DOCUMENT # 744109**  
 1. Entity 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 US
---	---

**DO NOT WRITE IN THIS SPACE**



07072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0791020	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  
 COOPER, THOMAS  
 5851 SW 87TH ST  
 MIAMI, FL 33143

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

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

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	PT COOPER, THOMAS 5851 SW 87TH ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COOK, JOE 11455 SW 101ST TERR MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILBERT, BEN 5979 SW 104TH ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BADIA, ERNIE 5772 SW 48TH ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARDEN, WILL 5961 SW 49TH ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARCH, MARILYN 5935 SW 82ND AVE MIAMI, FL 33143

**DO NOT WRITE IN THIS SPACE**

12. 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 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:** Ben Gilbert Aug 2/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mr. Ben Gilbert



*Attachment*  
*66431365*  
Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: 744109

Tracking Number: 400038848934

The charge for your Annual Report is  
\$61.25

---

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

Continue

---

[Sunbiz Home Page](#)

[Public Access Help](#)