


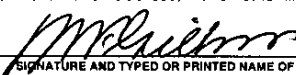


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90079 028 \*\*\*\*61.25

<b>DOCUMENT # 744109</b>					
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		<p style="text-align: center; font-size: 24pt;"><b>20014123</b></p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02082005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-0791020	
Zip		Country		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			7. Name and Address of New Registered Agent Name Benjamin F. Gilbert Street Address (P.O. Box Number is Not Acceptable) 5979 S.W. 104th Street City Miami, FL Zip Code 33156		
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 		(NOTE: Registered Agent signature required when reinstating)		DATE Feb-15/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT	Delete		TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPER, THOMAS			NAME	Alexis Stilwell
STREET ADDRESS	5851 SW 87TH ST			STREET ADDRESS	1441 NW 19 St. #130 Miami, Fl. 33123
CITY-ST-ZIP	MIAMI, FL 33143			CITY-ST-ZIP	
TITLE	VT	<input checked="" type="checkbox"/> Delete		TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, JOE			NAME	Margarita Cardwell
STREET ADDRESS	11455 SW 101ST TERR			STREET ADDRESS	1190 San Pedro Ave Coral Gables, Fl 33156
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP	
TITLE	<del>P</del>	Delete		TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILBERT, BEN			NAME	Elizabeth Baker
STREET ADDRESS	5979 SW 104TH ST			STREET ADDRESS	615 Gondoliere Ave Coral Gables, Fl. 33143
CITY-ST-ZIP	MIAMI, FL 33156			CITY-ST-ZIP	
TITLE	<del>VP</del>	Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADIA, ERNIE			NAME	
STREET ADDRESS	5772 SW 48TH ST			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP	
TITLE	T	Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDEN, WILL			NAME	
STREET ADDRESS	5961 SW 49TH ST			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP	
TITLE	<del>T</del>	Delete		TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCH, MARILYN			NAME	Patrick Bell
STREET ADDRESS	5935 SW 82ND AVE			STREET ADDRESS	5974 SW 58 Terr Miami, Fl. 33143
CITY-ST-ZIP	MIAMI, FL 33143			CITY-ST-ZIP	
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: 		B. F. Gilbert		Date Feb-15/05 305-667-7508	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

# ATTACHMENT



20014123

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 8, 2005

THE FIRST UNITED METHODIST CHURCH OF SOUTH MIAMI  
6565 RED RD.  
MIAMI, FL 33143 US

SUBJECT: THE FIRST UNITED METHODIST CHURCH OF SOUTH MIAMI  
Ref. Number: 744109

We have received your document for THE FIRST UNITED METHODIST CHURCH OF SOUTH MIAMI and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

Although you attempted to download an annual report form, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 205A00008786