

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90032 017 ****61.25

60016310



01242006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-0791020

Applied For	
Not Applicable	

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

**GILBERT, BENJAMIN F
5979 SW 104TH STREET
MIAMI, FL 33156**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE Feb. 9/06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	<input type="checkbox"/> Delete
NAME	COOPER, THOMAS	
STREET ADDRESS	5851 SW 87TH ST	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	T	<input type="checkbox"/> Delete
NAME	STILWELL, ALEXIS	
STREET ADDRESS	1441 NW 19 ST, # 130	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	P	<input type="checkbox"/> Delete
NAME	GILBERT, BEN	
STREET ADDRESS	5979 SW 104TH ST	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BADIA, ERNIE	
STREET ADDRESS	5772 SW 48TH ST	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARDEN, WILL	
STREET ADDRESS	5961 SW 49TH ST	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAKER, ELIZABETH	
STREET ADDRESS	615 GONDOLIERE AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33143	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* Feb. 9/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #