


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90012 025 \*\*\*\*70.00

|   |         |   |         |
|---|---------|---|---------|
| DOCUMENT # 755422   |         |    |         |
| 1. Entity Name<br>IGLESIA METODISTA UNIDA-CORAL WAY-UNITED METHODIST CHURCH, INC.   |         |   |         |
| Principal Place of Business<br>7900 CORAL WAY<br>MIAMI FL 33155   |         | Mailing Address<br>7900 CORAL WAY<br>MIAMI FL 33155   |         |
| 2. Principal Place of Business - No P.O. Box #  |         | 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<br><br>CRUZ, ENRIQUE R<br>9802 HAMNWCKS BLVD 202<br>MIAMI FL 33196  |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restoring)</small>   |         |   |         |



1st MOORE CR2E037 (10/07)

4. FEI Number **65-0539490** Applied For  
Not Applicable

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

|   |  |   |
|---|--|---|
| <p><b>FILE NOW: FEE IS \$61.25</b><br/> <b>Due By May 1, 2008</b></p> | <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b></p> | <p><b>Make Check Payable to Florida Department of State</b></p> |
|---|--|---|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ORTEGA, BYRON<br>855 SW 29 ST<br>MIAMI FL 33155 <input checked="" type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | MAYDA ROMERO<br>9525 SW 24 ST. D 208<br>Miami, FL. 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>BARD, ALICIA<br>15760 SW 148 TR<br>MIAMI FL 33196 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | LEONOR PARDO<br>1732 SW 82 CT<br>Miami, FL. 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>PINA, YOLANDA<br>9980 SW 48 ST<br>MIAMI FL 33165 <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FERNANDEZ, MERCEDES<br>7370 SW 22 ST<br>MIAMI FL 33155 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | ALICIA ALVAREZ<br>7151 SW 7 ST.<br>Miami, FL. 33144 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CAMPOS, LORENZO<br>9525 SW 24TH STREET<br>MIAMI FL 33165 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | BARBARO LORENZO<br>9615 SW 24th St. Apt A117<br>Miami FL. 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ALZURI, TERESITA<br>9545 SW 24TH ST B225<br>MIAMI FL 33165 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | CARMEN CONCEPCION<br>10381 SW 15 TERRACE<br>Miami, FL. 33174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Enrique Cruz (ENRIQUE CRUZ) 2/3/08-305-408-1979  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR