FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:26

DOCUMENT # 758042 (6)

1. Corporation Name

MIAMI URBAN MINISTIRES OF UNITED METHODIST CHURC H, INC.

Principal Place of Business	Mailing Address
P.O. BOX 142121 CORAL GABLES FL 33114-9121	P.O. BOX 142121 CORAL GABLES FL 33114-9121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1981
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2259544 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HOFFMAN, CAROL
536 CORAL WAY
MIAMI URBAN MINISTRIES
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE — CAROL HOFFMAN EXEC. DIRECTOR Feb 13, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL-EVANS, CLARKE	1.2 NAME		
STREET ADDRESS	1900 NE 164TH ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	HENDRIX, NORA HERNANDEZ	2.2 NAME		
STREET ADDRESS	586 NW 48 ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	RAMIREZ, RENE	3.2 NAME	MARTY PICKARD	
STREET ADDRESS	2150 SW 75TH AVE	3.3 STREET ADDRESS	1836 SW 154 ST	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BARRINER, LAWRENCE	4.2 NAME	LEE COPPERNOLL	
STREET ADDRESS	7105 NW 15TH CT	4.3 STREET ADDRESS	164 NE 105 ST	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SHAFER, THOMAS	5.2 NAME		
STREET ADDRESS	5999 PONCE DE LEON	5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BOURBON, JOSE	6.2 NAME		
STREET ADDRESS	11500 NW 12TH AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33161	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 (changed, or on an attachment with an address.

SIGNATURE: — CAROL M. HOFFMAN — Feb 13, 1995 — 305-444-1773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

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