

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 758042 (6)

1. Corporation Name
MIAMI URBAN MINISTRIES OF UNITED METHODIST CHURCH, INC.



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

3. Date Incorporated or Qualified: **08/14/1981**
3a. Date of Last Report: **02/20/1995**

21	2. Principal Place of Business	2a.	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2259544	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOFFMAN, CAROL 536 CORAL WAY MIAMI URBAN MINISTRIES MIAMI FL 33134				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City & State		
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* CAROL HOFFMAN-GUZMAN DATE: Feb 16, 1996
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	OFFICER		
NAME	CAMPBELL-EVANS, CLARKE			1.2 NAME	HENDRIX, NORA HERNANDEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1900 NE 164TH ST			1.3 STREET ADDRESS	3898 NW 1ST ST		
CITY-ST-ZIP	N. MIAMI BEACH FL 33162			1.4 CITY-ST-ZIP	MIAMI, FL 33126		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEADRIX, NORA HERNANDEZ			2.2 NAME	CHARLES BURTON		
STREET ADDRESS	586 NW 48 ST.			2.3 STREET ADDRESS	133 PONCE DE LEON		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	MIAMI, FL 33135		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PICKARD, MARTY			3.2 NAME	MARTY PICKARD		
STREET ADDRESS	1836 SW 15 STREET			3.3 STREET ADDRESS	1836 SW 15 ST		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	MIAMI, FL 33145		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	EXEC DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COPPERNOLL, LEE			4.2 NAME	CAROL HOFFMAN-GUZMAN		
STREET ADDRESS	164 NE 105 STREET			4.3 STREET ADDRESS	4740 ALTON RD		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	MIAMI, FL 33140		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAHER, THOMAS			5.2 NAME			
STREET ADDRESS	5999 PONCE DE LEON			5.3 STREET ADDRESS	036060900082		
CITY-ST-ZIP	CORAL GABLES FL			5.4 CITY-ST-ZIP	03/01/96 01019 016		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOURBON, JOSE			6.2 NAME	***61.25		
STREET ADDRESS	11500 NW 12TH AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* CAROL HOFFMAN-GUZMAN DATE: Feb 16, 96 DAYTIME PHONE #: 305-461-0734

CFR2E037 (12/95)