

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 03 1997 8:00am
Secretary of State

DOCUMENT # 758042 (6)

1. Corporation Name

MIAMI URBAN MINISTRIES OF UNITED METHODIST CHURCH
H, INC.



Principal Place of Business

Mailing Address

P.O. BOX 142121
CORAL GABLES FL 33114-9121

P.O. BOX 142121
CORAL GABLES FL 33114-2121

3. Date Incorporated or Qualified 08/14/1981
3a. Date of Last Report 02/29/1996

2. Principal Place of Business

2a. Mailing Address

21 121 ALHAMBRA
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2259544

Applied For

Not Applicable

22 City & State

27 City & State

23 CORAL GABLES FL

28 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

33134

DADE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFFMAN, CAROL
4740 ALTON RD.
MIAMI URBAN MINISTRIES
MIAMI FL 33134

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 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

Carol Hoffman

EXEC. DIRECTOR

JAN 3, 97

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	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL-EVANS, CLARKE	
STREET ADDRESS	1900 NE 164TH ST	
CITY-ST-ZIP	N. MIAMI BEACH FL 33182	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HEADRIX, NORA HERNANDEZ	
STREET ADDRESS	586 NW 48 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PICKARD, MARTY	
STREET ADDRESS	1836 SW 15 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COPPERNOLL, LEE	
STREET ADDRESS	164 NE 105 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHAFER, THOMAS	
STREET ADDRESS	5999 PONCE DE LEON	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOURBON, JOSE	
STREET ADDRESS	11500 NW 12TH AVE	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GEOFF ANDERSON	
1.3 STREET ADDRESS	5767 N.W. 98 TH CT.	
1.4 CITY-ST-ZIP	MIAMI, FL 33178	
2.1 TITLE	VC	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SANTIAGO GARCIA	
2.3 STREET ADDRESS	20190 S.W. 286 ST.	
2.4 CITY-ST-ZIP	HOMESTEAD, FL 33030	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANN ALICEA	
3.3 STREET ADDRESS	77 NW, 106 ST	
3.4 CITY-ST-ZIP	MIAMI SHARES, FL 33150	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TED DEPPMAN	
4.3 STREET ADDRESS	661 71 ST ST	
4.4 CITY-ST-ZIP	MIAMI, FL 33141	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ALMA TWITCHELL	
5.3 STREET ADDRESS	971 NE 115 ST	
5.4 CITY-ST-ZIP	MIAMI, FL 33161	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RED McALISTER	
6.3 STREET ADDRESS	19411 SW 308 ST	
6.4 CITY-ST-ZIP	HOMESTEAD, FL 33030	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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 if changed, or on an attachment with an address.

SIGNATURE:

Carol Hoffman

1/24/97

305-477-2727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028151

CR2E037 (9/96)