

FILE NOW: FILING FEE IS \$61.25

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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758042** (6)

1. Corporation Name

**MIAMI URBAN MINISTRIES OF UNITED METHODIST CHURCH
H, INC.**

Principal Place of Business

Mailing Address

**121 ALHAMBRA
CORAL GABLES FL 33134
US**

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



3. Date Incorporated or Qualified

08/14/1981

4. FEI Number

65-0716969
~~59-2250544~~ Change

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 C/O RIVERSIDE METHODIST

26 Suite, Apt. #, etc.

22 985 NW 1st ST

27 City & State

23 MIAMI FL

28 Zip

24 33128

25 Country

29 Dad

30

2. 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

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 ☐ DELETE
NAME **C**
STREET ADDRESS **ANDERSON, GEOFF**
CITY - ST - ZIP **5787 NW 98TH CT
MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **GARCIA, SANTIAGO**
STREET ADDRESS **20190 SW 288 ST**
CITY - ST - ZIP **HOMESTEAD FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **ALICEA, ANN**
CITY - ST - ZIP **77 NW 108 ST
MIAMI SHORES FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **DEPPMAN, ED**
CITY - ST - ZIP **661 71ST ST
MIAMI FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **TWITCHELL, ALMA**
CITY - ST - ZIP **971 NE 115 ST
MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **MCALLISTER, RED**
CITY - ST - ZIP **19411 SW 308 ST
HOMESTEAD FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **ROBINSON, ESTHER**
6.3 STREET ADDRESS **20740 Old Cutler Rd**
6.4 CITY - ST - ZIP **Miami, FL 33189**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Sandra B. Mortham **Sandra B. Mortham** **Jan 27, 98** **305-525-0234**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (10/97)