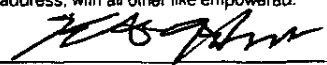


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-12-2004 90020 001 ****70.00

DOCUMENT # N03000001392					
1. Entity Name SELLERS MEMORIAL UNITED METHODIST CHURCH, INC.					
Principal Place of Business 8350 N.W. 14TH AVE. MIAMI FL 33147			Mailing Address 8350 N.W. 14TH AVE. MIAMI FL 33147		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01-D768679	
				Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	☒ Delete	TITLE	PHASTANZA HARRIS CD	☒ Change ☐ Addition
NAME	MCDONALD, JAMES		NAME	825 NE 151 ST	
STREET ADDRESS	8350 N.W. 14TH AVE.		STREET ADDRESS	MIAMI FL 33167	
CITY-ST-ZIP	MIAMI FL 33147		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	JORDAN, EVONIA		NAME		
STREET ADDRESS	8350 N.W. 14TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	Henry Johnson	☒ Change ☐ Addition
NAME	MINCEY, FREEDIE		NAME	901 CALIPH STREET	
STREET ADDRESS	8350 N.W. 14TH AVE.		STREET ADDRESS	OPR. LOMA, FL 33054	
CITY-ST-ZIP	MIAMI FL 33147		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BAILEY, WILLIE J		NAME		
STREET ADDRESS	8350 N.W. 14TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE	SFC. WILLIAMIS SANDRA	☒ Change ☐ Addition
NAME	LARRY, SUSAN D		NAME	17600 NW 11TH AVE	
STREET ADDRESS	MIAMI FL 33147		STREET ADDRESS	MIAMI FLORIDA 33169	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE	WEAVER, BARBARA	☒ Change ☐ Addition
NAME	8350 N.W. 14TH AVE.		NAME	8020 N.W. 16th Ave	
STREET ADDRESS	MIAMI FL 33147		STREET ADDRESS	MIAMI, Florida 33147	
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Date: 2/1-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone: 305.691-7339		