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

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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	Mailing Address
8350 N.W. 14TH AVE. MIAMI FL 33147	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

MOORE CR2E037 (11/03)

4. FEI Number 01-0768679 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	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 NAME MCDONALD, JAMES STREET ADDRESS 8350 N.W. 14TH AVE. CITY-ST-ZIP MIAMI FL 33147	☒ Delete	TITLE PRASTANZA HARRIS CD NAME STREET ADDRESS 825 NE 151 ST CITY-ST-ZIP MIAMI FL 33163	☒ Change ☐ Addition
TITLE D NAME JORDAN, EVONIA STREET ADDRESS 8350 N.W. 14TH AVE. CITY-ST-ZIP MIAMI FL 33147	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME MINCEY, FREEDIE STREET ADDRESS 8350 N.W. 14TH AVE. CITY-ST-ZIP MIAMI FL 33147	☒ Delete	TITLE NAME Henry Johnson STREET ADDRESS 901 CALIPH STREET CITY-ST-ZIP OPA LOCKA, FL 33054	☒ Change ☐ Addition
TITLE P NAME BAILEY, WILLIE J STREET ADDRESS 8350 N.W. 14TH AVE. CITY-ST-ZIP MIAMI FL 33147	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME LARRY, SUSAN D STREET ADDRESS 8350 N.W. 14TH AVE. CITY-ST-ZIP MIAMI FL 33147	☒ Delete	TITLE SPC. NAME Williams, Sandra STREET ADDRESS 12000 Nwilliams Ave CITY-ST-ZIP Miami Florida 33169	☒ Change ☐ Addition
TITLE T NAME WEAVER, BARBARA STREET ADDRESS 8350 N.W. 14TH AVE. CITY-ST-ZIP MIAMI FL 33147	☒ Delete	TITLE Treasurer NAME Sonny Bellamy STREET ADDRESS 8920 NW 12 Ave CITY-ST-ZIP Miami, Florida 33147	☒ Change ☐ Addition

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: _____ 2/1/-04 305-691-7339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #