2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N03000001392

Entity Name: SELLERS MEMORIAL UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

8350 N.W. 14TH AVE.
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

8350 N.W. 14TH AVE.
MIAMI, FL 33147

New Mailing Address:

FEI Number: 01-0768679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: HARRIS, PKASTANZA
Address: 825 NE 151 ST
City-St-Zip: MIAMI, FL 33163

Title: D (X) Delete
Name: JOHNSON, HENRY
Address: 901 CALIPH STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: P ( ) Delete
Name: BAILEY, WILLIE J
Address: 8350 N.W. 14TH AVE.
City-St-Zip: MIAMI, FL 33147

Title: S ( ) Delete
Name: WILLIAMS, SANDRA
Address: 17600 NW 111TH AVE
City-St-Zip: MIAMI, FL 33169

Title: T ( ) Delete
Name: BELLEMY, CATHY
Address: 8920 NW 16TH AVE
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: WILLIAMS, SANDRA
Address: 17600 NW 11TH AVE
City-St-Zip: MIAMI, FL 33169

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: SLATER, CLAUDIA
Address: 1855 NW 87TH ST
City-St-Zip: MIAMI, FL 33147

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA WILLIAMS CD 04/25/2005

Electronic Signature of Signing Officer or Director — Date