

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90065 022 \*\*\*\*70.00

<b>DOCUMENT # N03000001392</b>					
<b>1. Entity Name</b> SELLERS MEMORIAL UNITED METHODIST CHURCH, INC.					
<b>Principal Place of Business</b> 8350 N.W. 14TH AVE. MIAMI, FL 33147			<b>Mailing Address</b> 8350 N.W. 14TH AVE. MIAMI, FL 33147		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 01-0768679	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> CC <b>NAME</b> YOUNG, WILLA <b>STREET ADDRESS</b> 101 NW 90TH ST <b>CITY-ST-ZIP</b> MIAMI, FL 33150	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DA Keroy Strickland <b>NAME</b> 9420 N.W. White River Dr. <b>STREET ADDRESS</b> MIAMI, FL 33147 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> BAILEY, WILLIE J <b>STREET ADDRESS</b> 8350 N.W. 14TH AVE. <b>CITY-ST-ZIP</b> MIAMI, FL 33147	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> SLATER, CLAUDIA <b>STREET ADDRESS</b> 1855 NW 87TH ST <b>CITY-ST-ZIP</b> MIAMI, FL 33147	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> V Christine Merriam <b>NAME</b> 2070 NW 91 Street <b>STREET ADDRESS</b> MIAMI, FL 33147 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> BELLEMY, CATHY <b>STREET ADDRESS</b> 8920 NW 16TH AVE <b>CITY-ST-ZIP</b> MIAMI, FL 33147	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> HARRIS, TIA <b>STREET ADDRESS</b> 1508 NW 119TH ST APT 308 <b>CITY-ST-ZIP</b> MIAMI, FL 33167	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> S Dollie Fennell <b>NAME</b> 4300 N.W. 191 terrace <b>STREET ADDRESS</b> MIAMI GARDENS, FL 33055 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> CD <b>NAME</b> SLATER, CLAUDIA <b>STREET ADDRESS</b> 1855 NW 87TH AVE <b>CITY-ST-ZIP</b> MIAMI, FL 33150	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <i>Claudia Slater - Claudia Slater</i>			Date: <i>7/18/07</i> Daytime Phone #: <i>305-691-7839</i>		