

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 24, 2008 8:00 am
Secretary of State

04-21-2008 90290 001 ***122.50

DOCUMENT # N26686 1. Entity Name FIRST UNITED METHODIST CHURCH OF MIAMI FOUNDATION, INC.					
Principal Place of Business 400 BISCAYNE BLVD. MIAMI, FL 33132			Mailing Address 400 BISCAYNE BLVD. MIAMI, FL 33132		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1141042			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WINDEBRENNER, OPAL 400 BISCAYNE BLVD. MIAMI, FL 33012			7. Name and Address of New Registered Agent Name Wiley Huff Street Address (P.O. Box Number is Not Acceptable) 400 Biscayne Blvd City Miami FL Zip Code 33132		
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 <u><i>Wiley J. Huff</i></u> <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when releasing.)</small>				DATE 3/24/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D WINEBRENNER, OPAL 400 BISCAYNE BLVD MIAMI, FL 33132	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAVIANO, EMILIO 400 BISCAYNE BLVD MIAMI, FL 33132	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALVEZ, NANCY 400 BISCAYNE BLVD MIAMI, FL 33130	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIDGES, EUGENE 10932 GRIFFING BLVD. NORTH MIAMI, FL 33181	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTSON, JAMES J 400 BISCAYNE BLVD. MIAMI, FL 33132	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Weden, Richard 400 Biscayne Blvd Miami, FL 33132	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Huff, Wiley 400 Biscayne Blvd Miami, FL 33132	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE: <u><i>Wiley J. Huff</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 3/24/08 305-371-4706 <small>Daytime Phone #</small>	

66014749



04102008 Chg-NP CR2E037 (12/06)