FILED **DOCUMENT # N31734** May 15, 2000 8:00 am Secretary of State 1. Entity Name KERR MEMORIAL UNITED METHODIST CHURCH INC. 04-03-2000 90135 028 ****61.25 Mailing Address Principal Place of Business REV., JIHMIE 1.7 BROWN 10066 W., INDIGO STREET WANT FL 33457 REV. JIMMIE'L BROWN 10066 W INDIGO STREET MIAMIJAL 33/57-5248 3. Mailing Address 2. Principal Place of Business 10066 West Indigo St 10066 West Indigo St. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 36-2167731 Not Applicable Miami, Faa. MTAMT #####3315 \$8.75 Additional Country 5. Certificate of Status Desired Fee Required <u>33157</u> DADE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ronald Brewton Street Address (P.O. Box Number is Not Acceptable) ROGERS, EDMOND 10066 W. INDIGO STREET 10066 West Indigo St. **MIAMI FL 33157** 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. (NOTE: Registered Agent signature required when reinstating) Trustee Board Make Check Payable to 3. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Defete TITLE TITLE Asst. Lay Leader (T) NAME ROGERS, EDMOND (T) NAME Gladys Gore STREET ADDRESS STREET ADDRESS 10066 W. INDIGO STREET 10066 West Indigo St. Mia. Fl.33/\$7 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 Chairman Admin. Council Change Delete TITLE NAME NAME Wilbur B. Bell (T) BROWN, JIMMIE STREET ADDRESS STREET ADDRESS 2320 SE 7TH PLACE 10066 West Indigo St. CITY-ST-ZIP CITY-ST-ZIP Miami, Fla. 33157 **HOMESTEAD FL 33033** - Change ---Fig. Addition -Defete TITLE HOLMES, MADISON NAME NAME STREET ADDRESS STREET ADDRESS 10066 W. INDIGO STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 ☐ Addition TITLE TITLE D **Delete** NAME NAME BAXTER, LUVENIA STREET ADDRESS STREET ADDRESS 10066 W. INDIGO STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 Channe ☐ Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TIDE NAME NAME STREET ADDRESS STREET ADDRESS 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:

CITY-ST-ZIP

RE AND TYPED OR PRINTED HAME OF SIGHING OFFICER OR DIRECTOR

Daytime Phone #