2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N31734



FILED Apr 12, 2006 8:00 am Secretary of State 04-12-2006 90077 029 ****70.00

NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Nam KERR ME	ne	. UNITED METH	ODIST C	HURCH INC.			04	12-2000 90	011 025			
Suite, Apt. f. etc. City & State City & State City & State Country A. FET Number 36-2167731 S. Cerfficiate of Status Desired S. S. 75 Additional Five Topological Set Topological Se	10066 W INGIGO STREET 10066 W INGIGO STREET					ET		400	4001-				
City & State Ci	2. Principal P	Place of Busin	ness	3. Mail	ling Address								
Zip Country Zip Country Size Additional Status Desired Agent Status Desired	Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			03162006 Ch	ıg-NP	CR2E037	(11/05)		
- 6. Name and Address of Curront Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The Above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obli	City & State			Cit	City & State				1		J		
ROGERS, EDMOND 10066 W. INDIGO STREET MIAMI, FL 33157 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. Intermediation of the St			·			Country				□ Fe	e Required		
Sizer Address (P.O. Box Number is Not Acceptable) Sizer		6Name	and Address of Curre	nt Registere	d Agent	******		7. Name and Add	ress of New Re	gistereci Age	nt		
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 rame of registered agent and life it expectable. (NOTE: Registered Agent signature reculted when remistancy) DATE	10066 W. INDIGO STREET												
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 SIGNATUR						City				FI	Zip Code	9	
Signature typed or period rame of registered agent and set it applicable (NOTE: Registered Agent sequelure required when reinstancy) DATE	8. The above the obligat	e named entity tions of regist	y submits this statement ered agent.	t for the purp	ose of changing its	registered office or	r registere	ed agent, or both, in	the State of Flori	1	niliar with,	and accept	
Trust Fund Contribution. Added to Fees Florida Department of State	SIGNATURE		or printed name of registered ag	ent and title if app	olicable. (NOTE	: Registered Agent signat	ure required	when reinstating)	 	DATE			
TITLE NAME ROGERS, EDMOND 10235 SW 177 ST 10255 SW 177 ST 127 ST 127 ST 127 ST 127 SW 177 ST 127 ST 12													
NAME STREET ADDRESS CITY-ST-ZIP TITLE T HOLMES, MADISON STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33158 TITLE T MIAMI, FL 33158 TITLE T MIAMI, FL 33158 TITLE T MIAMI, FL 33176 TITLE T MIAMI STREET ADDRESS CITY-ST-ZIP TITLE T MAME STREET ADDRESS CITY-ST-ZIP T MIAME STREET ADDRESS CITY		-						\$5.00 May Be Added to Fees					
TITLE NAME HOLMES, MADISON 7851 SW 144 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33158 SW 265 TGTGCE MIGGIN, FL 33032 TITLE T Delete TITLE NAME JOHNSON, LEROY 14421 CARVER DR MIAMI, FL 33176 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.	-	fay 1, 2006	DIRECTORS	Trust Fund C	contribution.		Added to Fees	Florid	la Departm	ent of St	ate	
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	T ROGERS, 10235 SW MIAMI, FL T HOLMES, 7851 SW MIAMI, FL T JOHNSON 14421 CA	OFFICERS AND OFFICERS AND , EDMOND V 177 ST _ 33157 , MADISON 144 ST _ 33158 N, LEROY RVER DR	DIRECTORS	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	John HH21 Miou	added to Fees DDITIONS/CHANGI Son, Regin Clarver Dr. ni, FL 331	Floric S TO OFFICER	S AND DIREC	ent of St CTORS IN Change Change Change	Addition Addition	

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 an option of the receiver of the corporation or the receiver or trustee empowered.

ING OFFICER OR DIRECTOR