2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 27, 2007 8:00 am
Secretary of State
03-02-2007 90023 039 ****70.00

DOCUMENT # N31734

1. Entity Name
KERR MEMORIAL UNITED METHODIST CHURCH INC.

Principal Place of Business	Mailing Address
10066 W INGIGO STREET MIAMI, FL 33157	10066 W INGIGO STREET MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE

02042007 No Chg-NP CR2E037 (4/06)

4. FEI Number
36-2167731
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent.

ROGERS, EDMOND
10066 W. INDIGO STREET
MIAMI, FL 33157

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	ROGERS, EDMOND
STREET ADDRESS	10235 SW 177 ST
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	T
NAME	HOLMES, MADISON
STREET ADDRESS	7851 SW 144 ST
CITY-ST-ZIP	MIAMI, FL 33158
TITLE	T
NAME	JOHNSON, LEROY
STREET ADDRESS	14421 CARVER DR
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	T
NAME	JOHNSON, REGINA
STREET ADDRESS	14421 CARVER DRIVE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	T
NAME	CAMPBELL, DAVID
STREET ADDRESS	13135 SOUTHWEST 265 TERRACE
CITY-ST-ZIP	MIAMI, FL 33032
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____ 2-4-07 305-232-1013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #