

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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 10066 W INGIGO STREET MIAMI, FL 33157	Mailing Address 10066 W INGIGO STREET MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE

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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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DO NOT WRITE
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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.

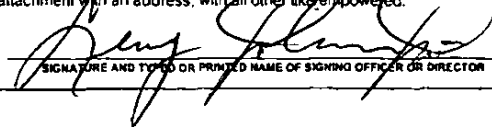
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROGERS, EDMOND 10235 SW 177 ST MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLMES, MADISON 7851 SW 144 ST MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, LEROY 14421 CARVER DR MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, REGINA 14421 CARVER DRIVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPBELL, DAVID 13135 SOUTHWEST 265 TERRACE 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #