

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N35047** (2)  
1. Corporation Name  
**THE FIRST METHODIST CHURCH OF MIAMI BEACH, INC.**



Principal Place of Business Mailing Address  
**C/O REVEREND LEX RIVERS**  
**4760 PINE TREE DRIVE**  
**MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified **11/06/1989** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **65-0227624** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**RIVERS, LEX REVEREND**  
**4760 PINE TREE DRIVE**  
**MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MAROTTA, MIKE</del>	1.2 NAME	<b>COLE, SAM</b>
STREET ADDRESS	<del>3905 SW 148 TERRACE</del>	1.3 STREET ADDRESS	<b>4955 LAKEVIEW DR</b>
CITY - ST - ZIP	<del>MIRAMOR FL</del>	1.4 CITY - ST - ZIP	<b>MIAMI BEACH, FL 33140</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEWIS, TERRY</b>	2.2 NAME	
STREET ADDRESS	<b>4233 ROYAL PALM AVEN</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>PERRILL, LOU</del>	3.2 NAME	<b>SHERIFF, MARGARET</b>
STREET ADDRESS	<del>4247 N BAY RD</del>	3.3 STREET ADDRESS	<b>4444 ALTON ROAD</b>
CITY - ST - ZIP	<del>MIAMI BEACH FL</del>	3.4 CITY - ST - ZIP	<b>MIAMI BEACH, FL 33140</b>
TITLE	<del>D</del> <input type="checkbox"/> DELETE	4.1 TITLE	<b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRUIT, DEL</b>	4.2 NAME	
STREET ADDRESS	<b>4590 JEFFERSON AVE.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>GADINSKY, SETH</del>	5.2 NAME	<b>BRAKE, ALLEN</b>
STREET ADDRESS	<del>101 BAL BAY DRIVE</del>	5.3 STREET ADDRESS	<b>3525 FLAMINGO DR.</b>
CITY - ST - ZIP	<del>BAL HARBOUR FL</del>	5.4 CITY - ST - ZIP	<b>MIAMI BEACH, FL 33140</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>SEARS, VICKI</del>	6.2 NAME	<b>MUNSEY, DANA</b>
STREET ADDRESS	<b>2445 LAKE PANCOAST DRIVE, #40</b>	6.3 STREET ADDRESS	<b>P O BOX 570674</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>	6.4 CITY - ST - ZIP	<b>MIAMI, FL 33257</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Lex D. Rivers** 2/7/96 305-531-7166  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)