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

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name N35047 (2)

THE FIRST METHODIST CHURCH OF MIAMI BEACH, INC.

Principal Place of Business  // Dav.d Carefort  c/o Dav.d Carefort  c/o REVEREND LEX RIVERS  4760 PINE TREE DRIVE  MIAMI BEACH FL 33140  MIAMI BEACH FL 33140-3137											
						3. Date incom 11/0	porated or Qualified 3/1989	3a. Date of 1	Last Rep <b>3/1996</b>	iort i	
2. Principal F	Place of Business	2a. Malling /	Address			4. FEI Numb	er 227624			ied For Applicable	
Suite, Apt	#, etc.	Suite, Ag	ot. #, etc.			5. Certificate	of Status Desired	LAN	.75 Ad		
City & Stat	е	City & St	ate				ampaign Financing Contribution		5.00 M	•	
Ζιρ <b>24</b>	Country 25	Zip 29	30	Country		8. This corpo	ration has liability for intutes				
	9. Name and Address of Current I	Registered Age	ent			10. Name and	Address of New Reg	platered Agent			
Cares	not David Reveren	v et	Name *	1 6110	2 - 2 -	4					
RIVERS, LEXTEVEREND					Street A	ddress (P.O. Box Nu	mber is Not Acceptable	<u> </u>			
					Suggi M	iddiess (F.O. DOX No	mber is Not Acceptabl	16)			
	EACH FL 33140	. 61	6/15/91	83							
J.J			, ,	· J.   84	04.					<u> </u>	
				24	City			FL 85	Zip Co	ae	
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 official 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 017.0503, Florida Statutes.											
	im tamiliar with, and accept the obligan	ons or, section	917.0503, Florid	ia Statute	-	· h.	0	1/22	رماد	اسا	
SIGNATURE .	Signa ure typed or printed harve of register of agent	and title if applicable.	(NOTE:	acistared Age	nt siposture n	equired when reinstating)	wer_	_3/28	14	<del>/</del>	
12.	OFFICERS AND	DIRECTORS .		13.			CHANGES TO OFFIC	ERS AND DIRE	CTORS	IN 12	
TITLE	D		DELETE	1.1 TITLE		CD	***************	<b>⊠</b> ci	nange	Addition	
NAME	-COLE, SAM		~	1.2 NAME		GD .		•			
STREET ADDRESS	4955 LAKEVIEW DRIVE			1.3 STREET ADDRESS A		Anu Minnie	Ann Minniear				
CITY - S1 - ZIP	-MIAMI BEACH FL			1.4 CITY-ST-ZIP		1500 Bay R	500 Bay Rd. #239, Miami Beach, FL 6606.				
TITLE	D	7	PELETE	2.1 TITLE				□ cı		Addition	
NAME	- DEWIS, TERRY		~ ∣	2.2 NAME				•			
STREET ADDRESS	4233 ROYAL PALM AVEN			2.3 STREET	ADDRESS					·	
CITY-S1-ZIP	~MIAMI FL			2. 4 CITY-5	T-ZIP						
TITLE	D		DELETE	3.1 TITLE	*****			☐ C1	iange	☐ Addition	
NAME	SHERIFF, MARGARET			3.2 NAME						1	
STREET ADDRESS	4444 ALTON ROAD			3.3 STREET	ADDRESS						
CITY-S1-ZIP	MIAMI BEACH FL	_		3.4 CITY-S	T-ZIP						
TITLE	CD	Ç	DELETE	4.1 TITLE		a		<b>⊠</b> CI	iange	Addition	
NAME	-FRUIT, DEL-	/	$\sim$	4.2 NAME	[:	D Fred Curtis		•	-		
STREET ADDRESS	4590 JEFFERSON AVE.			4.3 STREET	ADDRESS	rred Curtis OSAA W Roo	Harbor Dr.,	#5B			
City-St-Zip	MIAMI-BEACH FL			4.4 CITY-S	r-zip	Bay Hacbor	īslands, <b>Ki</b>	FL 33154	;		
TITLE	D	Ò	PELETE	5.1 TITLE	····	D D		<b>2</b> c		Addition	
NAME	BRAKE, ALLEN	7	$\vee$	5.2 NAME		D Bob Wright		•	- '	···	
STREET ADDRESS	-3525 FLAMINGO DRIVE			5.3 STREET	ADDRESS	1015 W. 47t	h St.				
CITY-ST-ZIP	MIAMI BEACH FL			5.4 CITY-S	T-ZIP	Miami Beach	, FL 33140				

CITY-ST-ZIP MIAMIFL

14. I do 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 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 attaction with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

-MUNSEY, DANA-

එ.<del>0. BO</del>X 570674 N/A

TITLE

NAME

STREET ADDRESS

CITY-S1-ZIP

DELETE

5/25/97 531-7166

Lauren Alvarez

3301 Pine Tree Dr.

Change

Addition

**FILED** 

May 30 1997 8:00am

Secretary of State