

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

03-10-2004 90019 037 ****61.25

DOCUMENT # N35047



1. Entity Name
THE FIRST METHODIST CHURCH OF MIAMI BEACH, INC.

Principal Place of Business
**4760 PINE TREE DRIVE
 MIAMI BEACH, FL 33140 US**

Mailing Address
**4760 PINE TREE DRIVE
 MIAMI BEACH, FL 33140 US**

66409259



2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0227624

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, L. ANNETTE
 4760 PINE TREE DRIVE
 MIAMI BEACH, FL 33140**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CD
 COBB, HAROLD
 11180 SW 62ND TERR
 MIAMI, FL 33173** Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**LOU PERRILL (D)
 4247 N. Bay Rd
 Miami Beach, FL 33140** Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 COBB, HAROLD
 PO BOX 43-1282
 MIAMI, FL 332431262** Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**LISA KOSLOW (D)
 4351 N. Bay Rd.
 Miami Beach, FL 33140** Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CD
 FLESNER, WALT
 20537 NE 6CT
 MIAMI, FL 33179** Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 WHITMYRE, LINDA
 850 NE 80TH ST
 MIAMI, FL 33138** Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 SLATER, MARY
 8875 ABBOTT AVE
 SURFSIDE, FL 33154** Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

12. I 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 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:

L. Annette Jones
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. ANNETTE JONES

Feb 27, 2004
 Date

305.531.7166
 Daytime Phone #