


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N35047**

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



**FILED**  
 05 MAY 26 PM 3:21  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

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



2. Principal Place of Business *Same*

3. Mailing Address *Same*

Suite, Apt. #, etc.

04082005 Chg-NP CR2E037 (10/03)

City & State

City & State

Zip Country

Zip Country

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**

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

**7. Name and Address of New Registered Agent**

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]* **L. ANNETTE JONES, Pastor** **4/8/05**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	PERRILL, LOU	
STREET ADDRESS	4247 N. BAY RD.	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOSLOW, LISA	
STREET ADDRESS	4351 N. BAY RD.	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FLESNER, WALT	
STREET ADDRESS	20537 NE 6CT	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITMYRE, LINDA	
STREET ADDRESS	850 NE 80TH ST	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLATER, MARY	
STREET ADDRESS	8875 ABBOTT AVE	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK AGENS	
STREET ADDRESS	301 Jefferson Ave #4d	
CITY-ST-ZIP	MIAMI Beach, FL.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEN WHITING	
STREET ADDRESS	742 NE 68 ST.	
CITY-ST-ZIP	MIAMI, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500055973445	
CITY-ST-ZIP	06/09/05--01038--022 **\$61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **L. ANNETTE JONES** **4/8/05** **305.531.7166**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

## Additions to our reports

1. Mark Akens  
301 Jefferson Ave. #4d  
Miami Beach, Fl. 33139
2. Ken Whiting  
742 NE 68 St.  
Miami, Fl. 33138