



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90040 004 ****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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRILL, LOU	NAME	DIANE KORNHAUSER
STREET ADDRESS	4247 N. BAY RD.	STREET ADDRESS	4779 COLLINS AV, UNIT 3105
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOSLOW, LISA	NAME	KEN WHITING
STREET ADDRESS	4351 N. BAY RD.	STREET ADDRESS	742 NE 68 ST
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP	MIAMI, FL 33138
TITLE	CD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLESNER, WALT	NAME	DARRELL WINDLE
STREET ADDRESS	20537 NE 6CT	STREET ADDRESS	2829 INDIAN CREEK DRIVE
CITY-ST-ZIP	MIAMI, FL 33179	CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITMYRE, LINDA	NAME	TERRY DEWIS
STREET ADDRESS	850 NE 80TH ST	STREET ADDRESS	3001 PINE TREE DRIVE
CITY-ST-ZIP	MIAMI, FL 33138	CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLATER, MARY	NAME	BRETT BARFIELD
STREET ADDRESS	8875 ABBOTT AVE	STREET ADDRESS	2936 ROYAL PALM
CITY-ST-ZIP	SURFSIDE, FL 33154	CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKENS, MARK	NAME	
STREET ADDRESS	301 JEFFERSON AVENUE #4D	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL	CITY-ST-ZIP	
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: 		1/31/2006 305.531.7166	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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4. FEI Number 65-0227624 Applied For Not Applicable

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