


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90029 012 ****61.25

DOCUMENT # N40360					
1. Entity Name REDLAND COMMUNITY UNITED METHODIST CHURCH, INC.					
Principal Place of Business 18700 SW 248TH ST HOMESTEAD, FL 33090			Mailing Address P.O. BOX 901094 HOMESTEAD, FL 33090-1094		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1711122	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRANK R. BUSCH 1766 NW 19TH ST. HOMESTEAD, FL 33030			Name <u>Waldo Collins</u> Street Address (P.O. Box Number is Not Acceptable) <u>20201 SW 187 AVE</u> City <u>Miami</u> <u>FL</u> Zip Code <u>33187</u>		
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 <u>Waldo Collins</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>3-11-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		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 SD	NAME HELMs, BARABAR	<input checked="" type="checkbox"/> Delete	TITLE SD	NAME Jean Collins	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 31395 SW 197 AVE	CITY-ST-ZIP HOMESTEAD, FL 33030		STREET ADDRESS 20201 SW 187 Ave	CITY-ST-ZIP Miami, FL 33187	
TITLE TD	NAME RHODES, VESTA	<input checked="" type="checkbox"/> Delete	TITLE TD	NAME Barbara Helms	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 18501 SW 152ND AVE LOT 103	CITY-ST-ZIP HOMESTEAD, FL 33033		STREET ADDRESS 31395 SW 197 Ave	CITY-ST-ZIP Homestead, FL 33030	
TITLE D	NAME JERKINS, SAM	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 19375 SW 26TH ST	CITY-ST-ZIP HOMESTEAD, FL 33031		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	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: <u>Samuel B. Jenkins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-11-07</u> Daytime Phone #		