

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90036 022 \*\*\*\*61.25

<b>DOCUMENT # N40360</b> 1. Entity Name <b>REDLAND COMMUNITY UNITED METHODIST CHURCH, INC.</b>					
Principal Place of Business <b>18700 SW 248TH ST HOMESTEAD, FL 33090</b>			Mailing Address <b>P.O. BOX 901094 HOMESTEAD, FL 33090-1094</b>		
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 <b>59-1711122</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COLLINS, WALDO 20201 SW 187TH AVE. MIAMI, FL 33187</b>			7. Name and Address of New Registered Agent Name <b>Straatman, Terry</b> Street Address (P.O. Box Number is Not Acceptable) <b>16840 SW 272 ST</b> City <b>Homestead</b> FL <b>33031</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Trustees Chairman</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>3-30-08</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COLLINS, JEAN 20201 SW 187TH AVE. MIAMI, FL 33187	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Rhodes, JoAnn 26200 SW 182 Ave Homestead, FL 33030
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HELMS, BARBARA 31395 SW 197TH AVE. HOMESTEAD, FL 33030	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JERKINS, SAM 19375 SW 26TH ST HOMESTEAD, FL 33031	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	C.D Jan Burlison 20190 SW 280 ST Homestead, FL 33030
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.					
<b>SIGNATURE: Barbara C Helms</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Barbara C Helms</b> <small>Date</small>		<b>3-19-08</b> <small>Daytime Phone #</small>	
<b>305-247-1267</b>					