

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 16, 1996 08:00 AM
Secretary of State

DOCUMENT # N47333 (2)

1. Corporation Name

MIAMI DISTRICT BOARD OF MISSIONS & CHURCH EXTENSION OF THE UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

536 CORAL WAY
CORAL GABLES FL 33134

536 CORAL WAY
CORAL GABLES FL 33134

3. Date Incorporated or Qualified
02/14/1992

3a. Date of Last Report
02/17/1995

4. FEI Number

59-0947725

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KORNER, ROBERT D
3211 PONCE DE LEON BLVD.
SUITE 204
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME BREWER, DAVID
STREET ADDRESS 6500 S W 126TH STREET
CITY - ST - ZIP MIAMI FL

TITLE D ☐ DELETE
NAME RODRIGUEZ, EUGENE
STREET ADDRESS 46 SW 135TH AVE
CITY - ST - ZIP MIAMI FL

TITLE SD ☐ DELETE
NAME TOLEDO, REINALDO
STREET ADDRESS 2423 S W 102 PLACE
CITY - ST - ZIP MIAMI FL

TITLE T ☐ DELETE
NAME JOHNSON, MOLLY
STREET ADDRESS PO BOX 144880 N/A
CITY - ST - ZIP CORAL GABLES FL

TITLE D ☐ DELETE
NAME JENNINGS, JAMES F.
STREET ADDRESS PO BOX 144880
CITY - ST - ZIP CORAL GABLES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James F. Jennings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96

Date

(305) 445-9136

Daytime Phone #

CR2E037 (12/95)