


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N47333 (2) 1. Corporation Name MIAMI DISTRICT BOARD OF MISSIONS & CHURCH EXTENSION OF THE UNITED METHODIST CHURCH, INC.					
Principal Place of Business 536 CORAL WAY CORAL GABLES FL 33134		Mailing Address 536 CORAL WAY CORAL GABLES FL 33134			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 02/14/1992 4. FEI Number 59-0947725 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent YOUNGS, ROBERT 2121 PONCE DE LEON BLVE. STE. 600 CORAL GABLES FL 33134			10. Name and Address of New Registered Agent 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. Robert Youngs <i>Robert Youngs</i> 5/01/98 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when installing)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME D RODRIGUEZ, EUGENE STREET ADDRESS 46 SW 135TH AVE CITY-ST-ZIP MIAMI FL			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME D RODRIGUEZ, EUGENE 1.3 STREET ADDRESS 16150 NW 12 ST 1.4 CITY-ST-ZIP PEMBROKE PINES FL 33028		
TITLE <input checked="" type="checkbox"/> DELETE NAME SD TOLEDO, REINALDO STREET ADDRESS 2423 S W 102 PLACE CITY-ST-ZIP MIAMI FL			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME D ALBERT Blomquist 2.3 STREET ADDRESS 536 CORAL WAY 2.4 CITY-ST-ZIP CORAL GABLES FL 33134		
TITLE <input type="checkbox"/> DELETE NAME T JOHNSON, MOLLY STREET ADDRESS PO BOX 144880 N/A CITY-ST-ZIP CORAL GABLES FL			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME D JENNINGS, JAMES F. STREET ADDRESS PO BOX 144880 CITY-ST-ZIP CORAL GABLES FL			4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME N/A 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 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* **James F. Jennings**

5/01/98

(305) 445-9136

CR2E037 (10/97)