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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N47333					
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 2850 SW 27 AV Suite, Apt. #, etc. 22 2nd Floor City & State 23 Miami FL Zip Country 24 33133 25 MIAMI-DADE		2a. Mailing Address 26 2850 SW 27 AV Suite, Apt. #, etc. 27 2nd Floor City & State 28 Miami FL Zip Country 29 33133 30 MIAMI-DADE		3. Date Incorporated or Qualified 02/14/1992 4. FEI Number 59-0947725 Applied For - Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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.

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	RODRIGUEZ, EUGENE	1.2 NAME	ALICIA BARD
STREET ADDRESS	16150 N W 12TH STREET	1.3 STREET ADDRESS	15760 SW 148 TER
CITY-ST-ZIP	PEMBROKE PINES FL 33028	1.4 CITY-ST-ZIP	MIAMI FL 33196
TITLE	D	2.1 TITLE	D
NAME	BLOMQUIST, ALBERT	2.2 NAME	JOHN ARCHER
STREET ADDRESS	536 CORAL WAY	2.3 STREET ADDRESS	3663 SW 46 JUNE
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	MIAMI FL 33146
TITLE	T	3.1 TITLE	D
NAME	JOHNSON, MOLLY	3.2 NAME	ROBERT PARSONS
STREET ADDRESS	PO BOX 144880 N/A	3.3 STREET ADDRESS	14800 NW 67 AV
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE	D	4.1 TITLE	D
NAME	JENNINGS, JAMES F.	4.2 NAME	DEBORAH WEATHERS POON
STREET ADDRESS	PO BOX 144880	4.3 STREET ADDRESS	5700 W 12 AV
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	MIAMI FL 33012
TITLE		5.1 TITLE	C
NAME		5.2 NAME	CRAIG NELSON
STREET ADDRESS		5.3 STREET ADDRESS	18301 S DIXIE Hgway
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI FL 33157
TITLE		6.1 TITLE	D
NAME		6.2 NAME	ED ROGERS
STREET ADDRESS		6.3 STREET ADDRESS	10235 SW 177 ST
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI FL 33157

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, with all other like empowered.

SIGNATURE: *Charles P. [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99
Date

305/445-9136
Telephone Number

CR2E037 (11/98)