

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N48669** (8)  
1. Corporation Name  
**NORTH HIALEAH UNITED METHODIST CHURCH, INC.**



Principal Place of Business Mailing Address  
**5559 PALM AVE** **5559 PALM AVE**  
**HIALEAH FL 33012** **HIALEAH FL 33012**

3. Date Incorporated or Qualified **05/01/1992** 3a. Date of Last Report **04/12/1995**  
4. FEI Number **59-3015996** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing ☐ **\$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.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WELDEN, WALLACE**  
**C NORTH HIALEAH UNITED METHODIST CHURCH**  
**5559 PALM AVENUE**  
**HIALEAH FL 33012**

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 ☒ DELETE  
NAME **P**  
STREET ADDRESS **ERICSON, RICHARD**  
CITY-ST-ZIP **6970 BOTTLEBRUSH DRIVE**  
**MIAMI LAKES FL**  
TITLE ☒ DELETE  
NAME **S**  
STREET ADDRESS **NORTH, MARILYN**  
CITY-ST-ZIP **848 E 20 ST**  
**HIALEAH FL**  
TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **FINCH, GLENN H REV**  
CITY-ST-ZIP **105 N. 50TH STREET**  
**HIALEAH FL**  
TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **PEREZ, MARIO**  
CITY-ST-ZIP **1330 NE 99 WAY**  
**PEMBROKE PINES FL**  
TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **PERDEW, MARTHA**  
CITY-ST-ZIP **431 E. 62 STREET**  
**HIALEAH FL**  
TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **JIMMERSON, THOMAS D.**  
CITY-ST-ZIP **914 WEST 64 PL**  
**HIALEAH FL**

1.1 TITLE ☒ Change ☐ Addition  
NAME **P**  
STREET ADDRESS **JIMMERSON, THOMAS D.**  
CITY-ST-ZIP **914 West 64th PLACE**  
**HIALEAH, FL 33012**  
2.1 TITLE ☐ Change ☒ Addition  
NAME **S**  
STREET ADDRESS **LEWIS, SARA**  
CITY-ST-ZIP **171 E. 37th ST.**  
**HIALEAH, FL. 33013**  
3.1 TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **BENTON, J.D. REV**  
CITY-ST-ZIP **105 W 50th STREET**  
**HIALEAH, FL. 33012**  
4.1 TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **PRY, A.C.**  
CITY-ST-ZIP **471 W. 35th PL.**  
**HIALEAH, FL. 33012**  
5.1 TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Thomas D Jimmerson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-22-96* *822-2669*  
Date Daytime Phone #

CR2E037 (12/95)