

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48669

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** NORTH HIALEAH UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

5559 PALM AVE  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

5559 PALM AVE  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 59-0947725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOLUMEN, ILEANA DR  
5559 PALM AVE  
HIALEAH, FL 33012 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: QUEVEDO, DANILO REV  
Address: 5559 PALM AVE  
City-St-Zip: HIALEAH, FL 33012

Title: SD  
Name: MORALES, RUTH D  
Address: 5559 PALM AVE  
City-St-Zip: HIALEAH, FL 33012

Title: MD  
Name: FLORES, ENEDINA  
Address: 5559 PALM AVE  
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ILEANA BOLUMEN

DR

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date