2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48754

FILED Jan 07, 2009 Secretary of State

Entity Name: YORK MEMORIAL UNITED METHODIST CHURCH, INC. **New Principal Place of Business: Current Principal Place of Business:** 2491 NE 186 STREET NORTH MIAMI BEACH, FL 33180 **Current Mailing Address: New Mailing Address:** 2850 SW 27TH AVENUE MIAMI, FL 33133 FEI Number: 59-1730769 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EWING, E. KEITH DR MCLEOD, DEBORAH 6000 MÁYNADA 6000 MAYNADA CORAL GABLES, FL 33146 US CORAL GABLES, FL 33146 US 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: DEBORAH MCLEOD 01/07/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BETANCOURT, GUSTAVO A Name: Name: Address: 2850 SW 27TH AVENUE Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: MADAN, NORA Name: ANDERSON, JENNIFER Address: 2850 SW 27TH AVE Address: 2850 SW 27TH AVE City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33133 Title: () Delete Title: (X) Change () Addition ZILLMAN, MARCUS JOHNSON, KEN Name: Name: 4901 BILTMORE DR. 2850SW 27 AVE Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: MIAMI, FL 33133 Title: () Delete Title: () Change () Addition Name: PEREZ, MARIO Name: Address: 2850SW 27 AVE Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GUSTAVO A. BETANCOURT V 01/07/2009