FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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1995 MAR -2 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # N49976 (6)

1. Corporation Name

MIAMI DISTRICT TRUSTEES OF THE UNITED METHODIST CHURCH, INC.

500001420475
-03/03/95--01035--014
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
536 CORAL WAY CORAL GABLES FL 33134	536 CORAL WAY CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 07/21/1992
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-0947725 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BREWER, DAVID
536 CORAL WAY
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

01 Name: JAMES F. JENNINGS
02 Street Address (P.O. Box Number is Not Acceptable): 536 CORAL WAY, Room 308
03
04 City: CORAL GABLES FL 05 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: James F. Jennings DATE
(Either typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE	T	☐ Change ☒ Addition
NAME	ADAMS, RICK	1.2 NAME	GERALDINE ARNOLD	
STREET ADDRESS	536 CORAL WAY	1.3 STREET ADDRESS	554 NE 55 ST.	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Miami, Fl 33137	
TITLE	T	2.1 TITLE	T	☐ Change ☒ Addition
NAME	LEYVA, LUIS	2.2 NAME	BRUCE BAKER	
STREET ADDRESS	536 CORAL WAY	2.3 STREET ADDRESS	4611 SW 164 TER.	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33331	
TITLE	T	3.1 TITLE	T	☐ Change ☒ Addition
NAME	ROUDENSUSH, LEI	3.2 NAME	CURTIS NORTON	
STREET ADDRESS	536 CORAL WAY	3.3 STREET ADDRESS	15855 SW 248 ST.	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Homestead, Fl 33031	
TITLE	T	4.1 TITLE	T	☐ Change ☒ Addition
NAME	MAZZARANA, HUMBERTO	4.2 NAME	JAMES F. JENNINGS	
STREET ADDRESS	536 CORAL WAY	4.3 STREET ADDRESS	PO Box 144880 N/A	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	CORAL Gables, Fl 33114	
TITLE	TS	5.1 TITLE		☐ Change ☐ Addition
NAME	SANDERS, MARTHA R	5.2 NAME		
STREET ADDRESS	536 CORAL WAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE	TC	☒ Change ☐ Addition
NAME	PECK, JAMES	6.2 NAME	PECK, JAMES	
STREET ADDRESS	536 CORAL WAY	6.3 STREET ADDRESS	536 CORAL WAY, Room	
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	CORAL Gables, Fl 33134	

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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)(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 2/14/95 (305)445-9136
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Telephone #

0007413