

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
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DOCUMENT # N49976 (6)

1. Corporation Name

MIAMI DISTRICT TRUSTEES 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**



3. Date Incorporated or Qualified

07/21/1992

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JENNINGS, JAMES F
536 CORAL WAY
ROOM 308
CORAL GABLES FL 33134**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

T
NAME
ARNOLD, GERALDINE
STREET ADDRESS
554 N.E. 55TH ST.
CITY-ST-ZIP
MIAMI FL 33137 ☐ DELETE

T
NAME
BAKER, BRUCE
STREET ADDRESS
4611 S.W. 164 TERRACE
CITY-ST-ZIP
FT. LAUDERDALE FL 33331 ☐ DELETE

T
NAME
CURTIS, NORTON
STREET ADDRESS
15855 S.W. 248 ST.
CITY-ST-ZIP
HOMESTEAD FL 33031 ☒ DELETE

T
NAME
JENNINGS, JAMES F
STREET ADDRESS
P.O. BOX 144880
CITY-ST-ZIP
CORAL GABLES FL 33114 ☐ DELETE

TS
NAME
SANDERS, MARTHA R
STREET ADDRESS
536 CORAL WAY
CITY-ST-ZIP
CORAL GABLES FL ☐ DELETE

TC
NAME
PECK, JAMES
STREET ADDRESS
536 CORAL WAY ROOM
CITY-ST-ZIP
CORAL GABLES FL 33134 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**T
Charles Frisina
5700 W 12 AV
Hialeah FL 33012**

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:

James F. Jennings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

(305) 445-7136

Day

Daytime Phone

CR2E037 (12/95)