

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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.

Principal Place of Business

536 CORAL WAY
CORAL GABLES FL 33134

Mailing Address

536 CORAL WAY
CORAL GABLES FL 33134-49153. Date Incorporated or Qualified
07/21/19923a. Date of Last Report
05/01/1996

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

4. FEI Number

59-0947725

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T ☒ DELETE
NAME ARNOLD, GERALDINE
STREET ADDRESS 554 N.E. 55TH ST.
CITY-ST-ZIP MIAMI FL 331371.1 TITLE TC ☐ Change ☒ Addition
1.2 NAME Polly Cooper
1.3 STREET ADDRESS 5776 SW 74 Ter
1.4 CITY-ST-ZIP Miami FL 33143TITLE T ☐ DELETE
NAME BAKER, BRUCE
STREET ADDRESS 4611 S.W. 164 TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 333312.1 TITLE T ☐ Change ☒ Addition
2.2 NAME John Griswold
2.3 STREET ADDRESS 205 NE 87 St
2.4 CITY-ST-ZIP Miami FL 33128TITLE T ☐ DELETE
NAME FRISINA, CHARLES
STREET ADDRESS 5700 W 12 AVE
CITY-ST-ZIP HIALEAH FL3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME Liebe Gadinsky
3.3 STREET ADDRESS 101 Bal Harbor Dr
3.4 CITY-ST-ZIP Bal Harbor, FL 33154TITLE T ☐ DELETE
NAME JENNINGS, JAMES F
STREET ADDRESS P.O. BOX 144880 N/A
CITY-ST-ZIP CORAL GABLES FL 331144.1 TITLE T ☐ Change ☒ Addition
4.2 NAME Humberto Mazzarana
4.3 STREET ADDRESS 891 W 51 Pl
4.4 CITY-ST-ZIP Hialeah FL 33012TITLE TS ☐ DELETE
NAME SANDERS, MARTHA R
STREET ADDRESS 536 CORAL WAY
CITY-ST-ZIP CORAL GABLES FL5.1 TITLE T ☐ Change ☒ Addition
5.2 NAME William Clark
5.3 STREET ADDRESS 3225 NW 49 St
5.4 CITY-ST-ZIP Miami FL 33142TITLE TC ☒ DELETE
NAME PECK, JAMES
STREET ADDRESS 536 CORAL WAY ROOM
CITY-ST-ZIP CORAL GABLES FL 331346.1 TITLE T ☐ Change ☒ Addition
6.2 NAME David Carefoot
6.3 STREET ADDRESS 10755 SW 112 St
6.4 CITY-ST-ZIP Miami FL 33176

14. I do hereby certify that the information supplied with this filing 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2/11/97
Date305/445-9136
Daytime Phone # 0027060

CR2E037 (9/96)