

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90020 046 ****70.00

DOCUMENT # N49976

1. Entity Name

**MIAMI DISTRICT TRUSTEES OF THE UNITED
METHODIST CHURCH, INC.**



Principal Place of Business

**2850 S.W. 27TH AVENUE
2ND FLOOR
MIAMI FL 33133**

Mailing Address

**P.O. BOX 144880
CORAL GABLES FL 33114**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0947725

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMPBELL-EVANS, CLARKE
2850 SW 27 AVE
MIAMI FL 33133**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, STEVE	
STREET ADDRESS	2850 S.W. 27TH AVENUE, 2ND FLOOR	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOVACOL, BOB	
STREET ADDRESS	2850 S.W. 27TH AVENUE, 2ND FLOOR	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRY, JORDAN	
STREET ADDRESS	2850 S.W. 27TH AVENUE, 2ND FLOOR	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VEIEZ, MIGUEL	
STREET ADDRESS	2850 S.W. 27TH AVENUE, 2ND FLOOR	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAMIREZ, RENE	
STREET ADDRESS	133 PONCE DE LEON	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUCHANAN, NEVILLE	
STREET ADDRESS	2850 S.W. 27TH AVENUE, 2ND FLOOR	
CITY-ST-ZIP	MIAMI FL 33133	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce Lee	
STREET ADDRESS	2850 SW 27 Ave. 2nd Floor	
CITY-ST-ZIP	Miami, FL 33133	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eloise Johnson	
STREET ADDRESS	2850 SW 27 Ave. 2nd Floor	
CITY-ST-ZIP	Miami, FL 33133	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Feathers	
STREET ADDRESS	2850 SW 27 Ave. 2nd Floor	
CITY-ST-ZIP	Miami, FL 33133	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terrence Rose	
STREET ADDRESS	2850 SW 27 Ave. 2nd Floor	
CITY-ST-ZIP	Miami, FL 33133	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aunel Bellamy	
STREET ADDRESS	2850 SW 27 Ave. 2nd Floor	
CITY-ST-ZIP	Miami, FL 33133	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ingrid Freeman	
STREET ADDRESS	2850 SW 27 Ave. 2nd Floor	
CITY-ST-ZIP	Miami, FL 33133	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

24019705
~~#D49976~~

☐ change ☒ addition

Title D
Name Leila Toledo
Address 2850 SW 27 Ave, 2nd Floor
City-St.-Zip Miami, FL 33133