

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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**95 APR -7 AM 11:18**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

**DOCUMENT # N93000005217 (5)**  
1. Corporation Name  
**MIAMI SCHOOL OF URBAN MINISTRY AND MISSIONS, INC (MSUMM)**

Principal Place of Business Mailing Address  
**P O BOX 653737 MIAMI FL 33265-3737** **C/O MISUMM 10000 SW 72 ST S145 MIAMI FL 33173 US**

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified **11/11/1993** 3a. Date of Last Report **04/04/1994**  
4. FEI Number **65-0460730** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **12920 SW 83 ST** 26 **P.O. BOX 653737**  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 **MIAMI FLA** 28 **MIAMI FLA**  
24 **33183** 25 **USA** 29 **33265-3737** 30 **USA**

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

9. Name and Address of Current Registered Agent  
**WITTMAN, WILLIAM M  
10300 SW 72ND ST  
SUITE 145  
MIAMI FL 33173**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **12920 SW 83 ST**  
83  
84 City **MIAMI** 85 Zip Code **FL 33183**

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 William M. Wittman **WILLIAM M. WITTMAN** **3/24/95**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>WITTMAN, WILLIAM M</b>
STREET ADDRESS	<b>12920 SW 83RD ST</b>
CITY - ST - ZIP	<b>MIAMI FL 33183</b>
TITLE	<b>DV</b>
NAME	<b>WITTMAN, SUSAN L</b>
STREET ADDRESS	<b>12920 SW 83RD ST</b>
CITY - ST - ZIP	<b>MIAMI FL 33183</b>
TITLE	<b>DS</b>
NAME	<b>TARAJANO, DAISY</b>
STREET ADDRESS	<b>5214 SW 128TH AVE</b>
CITY - ST - ZIP	<b>MIAMI FL 33175</b>
TITLE	<b>D</b>
NAME	<b>VELLEKOOP, HARRY V</b>
STREET ADDRESS	<b>7418 E MAIN ST</b>
CITY - ST - ZIP	<b>LIMA NY 14485</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William M. Wittman **WILLIAM M. WITTMAN** **3/24/95** **(305) 596-3025**  
Signature and typed or printed name of signing officer or director. Title. Telephone Number.