

**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

DOCUMENT # N93000005217 (5)

1. Corporation Name  
**MIAMI SCHOOL OF URBAN MINISTRY AND MISSIONS, INC  
(MISUMM)**



Principal Place of Business: 12920 SW 83 ST, MIAMI FL 33183, US  
Mailing Address: P. O. BOX 653737, 40000 SW 72 ST - 145 - N/A, MIAMI FL 33265-3737, US

3. Date Incorporated or Qualified: 11/11/1993  
3a. Date of Last Report: 04/07/1995  
4. FEI Number: 65-0460730  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, Suite, Apt. #, etc.: 22, City & State: 23, Zip: 24, Country: 25  
2a. Mailing Address: 26, Suite, Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

9. Name and Address of Current Registered Agent  
**WITTMAN, WILLIAM M  
12920 SW 83 ST  
~~SUITE 145~~ N/A  
MIAMI FL 33183**

10. Name and Address of New Registered Agent  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WITTMAN, WILLIAM M	
STREET ADDRESS	12920 SW 83RD ST	
CITY - ST - ZIP	MIAMI FL 33183	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	<del>WITTMAN, SUSAN L</del>	
STREET ADDRESS	<del>12920 SW 83RD ST</del>	
CITY - ST - ZIP	<del>MIAMI FL 33183</del>	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	TARAJANO, DAISY	
STREET ADDRESS	5214 SW 120TH AVE	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VELLEKOOP, HARRY V	
STREET ADDRESS	7418 E MAIN ST	
CITY - ST - ZIP	LIMA NY 14485	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VITISID TITILEY, PIERRE
2.3 STREET ADDRESS	12810 SW 43 DR, APT. 216 B
2.4 CITY - ST - ZIP	MIAMI, FL 33175
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 617, 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 DATE: 4/8/96 (305) 666-6704  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CF2E037 (12/95)