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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005217 (5)

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



Principal Place of Business 12000 SW 88 ST MIAMI FL 33183 US-	Mailing Address P.O. BOX 053737 12000 SW 76 ST 0145 MIAMI FL 33266-3737 US-
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3. Date Incorporated or Qualified 11/11/1993	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 ELIM BIBLE INSTITUTE Suite, Apt. #, etc. 7245 COLLEGE ST. City & State LIMA, NY Zip 14485 Country USA	2a. Mailing Address 26 ELIM BIBLE INSTITUTE Suite, Apt. #, etc. 7245 COLLEGE ST. City & State LIMA, NY Zip 14485 Country USA
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4. FEI Number 65-0460730	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WITTMAN, WILLIAM M, ESQ.
12020 SW 88 ST
SUITE 145
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name *SAME C/O PALMER PALMER & MANGIARO, P.A.*
82 Street Address (P.O. Box Number is Not Acceptable) *12790 SOUTH DIXIE HWY. P.A.*
83
84 City *MIAMI* **FL** **85 Zip Code** *33156*

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 *William M. Wittman, Esq.* **WILLIAM M. WITTMAN, ESQ** **2/5/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DP	<input checked="" type="checkbox"/> DELETE
NAME WITTMAN, WILLIAM M	
STREET ADDRESS 12020 SW 88RD ST	
CITY-ST-ZIP MIAMI FL 33183	
TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME TITLEY, PIERRE	
STREET ADDRESS 12010 SW 48 DR APT. 216 B	
CITY-ST-ZIP MIAMI FL	
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 PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME PAUL JOHANSSON	
1.3 STREET ADDRESS 7245 COLLEGE ST.	
1.4 CITY-ST-ZIP LIMA, NY 14485	
2.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME ROBERTO COLLOCA	
2.3 STREET ADDRESS 6300 NW 77 COURT	
2.4 CITY-ST-ZIP MIAMI, FL 33166	
3.1 TITLE V.P., SEC., TREAS. / DIRECTOR	<input checked="" 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 1000021997 11	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS -06/03/97--01044--025	
5.4 CITY-ST-ZIP ***61.25	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CS
5/20/97

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.

CR2E037 (9/96)