

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 15, 1999 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02-15-1999 90043 016 \*\*\*\*\*61.25

DOCUMENT # N93000005217

1. Corporation Name

MIAMI CENTER FOR URBAN MINISTRY AND MISSIONS, IN C. (MICUMM)

Principal Place of Business

7245 COLLEGE STREET  
ELIM BIBLE SCHOOL  
LIMA NY 14485  
US

Mailing Address

7245 COLLEGE STREET  
ELIM BIBLE SCHOOL  
LIMA NY 14485  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/11/1993

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0460730

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WITTMAN, WILLIAM M  
C/O PALMER, PALMER & MANGIERO, P.A.  
12790 SOUTH DIXIE HWY  
MIAMI FL 33156

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 PD  
NAME JOHANSSON, PAUL  
STREET ADDRESS 7245 COLLEGE STREET  
CITY-ST-ZIP LIMA NY 14485

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME COLLOCA, ROBERTO  
STREET ADDRESS 6300 NW 77 COURT  
CITY-ST-ZIP MIAMI FL 33166

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VPST  
NAME VELLEKOOP, HARRY V  
STREET ADDRESS 7418 E MAIN ST  
CITY-ST-ZIP LIMA NY 14485

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-99

(716) 582-1230

CR2E037 (1/98)