

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000001239 (2)**

1. Corporation Name

**PEACE UNITED METHODIST CHURCH, INC.**

Principal Place of Business

**12755 SW 200 ST  
MIAMI FL 33177**

Mailing Address

**12755 SW 200 ST  
MIAMI FL 33177**



3. Date Incorporated or Qualified  
**03/09/1994**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

4. FEI Number

**65-0489952**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NALMAR, LEE R  
9360 S.W. 190 ST.  
MIAMI FL 33157**

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

TITLE **CD** ☐ DELETE  
NAME **OHLZEN, RON**  
STREET ADDRESS **12975 SW 186 TERR**  
CITY - ST - ZIP **MIAMI FL 33177**

TITLE **PD** ☐ DELETE  
NAME **NAIMAN, LEE R**  
STREET ADDRESS **9360 SW 190 ST**  
CITY - ST - ZIP **MIAMI FL 33157**

TITLE **MD** ☐ DELETE  
NAME **PARKER, MARGARET**  
STREET ADDRESS **19620 SW 127 CT**  
CITY - ST - ZIP **MIAMI FL 33177**

TITLE **D** ☒ DELETE  
NAME **MANSFIELD, SADIE**  
STREET ADDRESS **6600 SW 83 AVE**  
CITY - ST - ZIP **MIAMI FL 33143**

TITLE **D** ☒ DELETE  
NAME **HEFFREON, RICK**  
STREET ADDRESS **15750 SW 184 ST**  
CITY - ST - ZIP **MIAMI FL 33187**

TITLE **T** ☐ DELETE  
NAME **OLNZEN, ELINOR**  
STREET ADDRESS **12975 S.W. 186TH TERRACE**  
CITY - ST - ZIP **MIAMI FL 33157**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **MD** ☐ Change ☒ Addition  
1.2 NAME **DR. ROBERT LADNER**  
1.3 STREET ADDRESS **929 MADRICA AVE**  
1.4 CITY - ST - ZIP **CORAL GABLES, FL 33134**

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

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

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

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

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-6-96 305/633-5228**

CR2E037 (12/95)