

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001239 (2)**

1. Corporation Name

PEACE UNITED METHODIST CHURCH, INC.



Principal Place of Business	Mailing Address
12755 SW 200 ST MIAMI FL 33177	12755 SW 200 ST MIAMI FL 33177-4817

3. Date Incorporated or Qualified 03/09/1994	3a. Date of Last Report 02/09/1996
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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	30

4. FEI Number 65-0489952	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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	
NALMAR, LEE R 9360 S.W. 190 ST MIAMI FL 33157	

10. Name and Address of New Registered Agent	
81 Name	DAVID SLOUFFMAN
82 Street Address (P.O. Box Number is Not Acceptable)	11451 SW 191 TERR
83	
84 City	MIAMI
85 Zip Code	FL 33157

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 **DAVID SLOUFFMAN** *David Slouffman* **4/27/97**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHLZEN, RON	1.2 NAME	
STREET ADDRESS	12975 SW 188 TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAIMAN, LEE R	2.2 NAME	
STREET ADDRESS	9360 SW 190 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, MARGARET	3.2 NAME	
STREET ADDRESS	19620 SW 127 CT	3.3 STREET ADDRESS	33177
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADNER, ROBERT DR.	4.2 NAME	
STREET ADDRESS	929 MAJORCA AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	33134
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLNZEN, ELINOR	5.2 NAME	Carol L. Nelson
STREET ADDRESS	12975 S.W. 188TH TERRACE	5.3 STREET ADDRESS	20521 SW 129 CT
CITY-ST-ZIP	MIAMI FL 33157	5.4 CITY-ST-ZIP	Miami Florida 33197
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	DAVID SLOUFFMAN
STREET ADDRESS		6.3 STREET ADDRESS	11451 SW 191 TERR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI FL 33157

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.

SIGNATURE: *Robert Ladner* **ROBERT LADNER** **4/28/97** **305-443-2000**

CR2E037 (9/96)