

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State



DOCUMENT # N97000002077
1. Entity Name
FREE METHODIST CHRISTIAN COMMUNITY CHURCH, INC.

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|--|--|
| Principal Place of Business 101 NORTHWEST 71 STREET MIAMI FL 33150 | Mailing Address 101 NORTHWEST 71 STREET MIAMI FL 33150 |
|--|--|



| | | |
|---|---|-----|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip |

1st MOORE CR2E037 (10/05)
4. FEI Number **65-1069139** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input type="checkbox"/> Delete GEORGES, LEONEL 101 NORTHWEST 71 STREET MIAMI FL 33150 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input type="checkbox"/> Delete JONASSAINT, BOB 101 NORTHWEST 71 STREET MIAMI FL 33150 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD <input type="checkbox"/> Delete GENEVE, LUCKNER 101 NORTHWEST 71 STREET MIAMI FL 33150 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T <input type="checkbox"/> Delete GUERRIER, TERCILLON 101 NW 71 STREET MIAMI FL 33150 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add <div style="text-align: center; font-size: small;"> U00000427966 02/21/06-80024-017 61.25 </div> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Leonel Georges* **Feb 03 2006** **505 331-0778**