


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Sep 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000004537
1. Entity Name
PEACE UNITED METHODIST CHURCH HISPANIC, INC.



Principal Place of Business Mailing Address
12755 QUAIL ROOST DRIVE **12755 QUAIL ROOST DRIVE**
MIAMI FL 33177 **MIAMI FL 33177**



2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

2nd MOORE CR2E037 (5/05)
4. FEI Number **65-0787050**
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ANDRADE, YENUS
14335 SW 103 TERR
MIAMI FL 33186

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 September 7, 2005

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

Make Check Payable to Florida Department of State

10. CD OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ANDRADE, YENUS C** Delete
NAME
STREET ADDRESS **14335 SW 103 TERR**
CITY-ST-ZIP **MIAMI FL 33186**
VD

TITLE Change Addition
NAME **U00000377650**
STREET ADDRESS **09/07/05-80007-006 61.25**
CITY-ST-ZIP

TITLE Delete
NAME **MERCEDES, ANDRADE**
STREET ADDRESS **14215 SW 92 ST**
CITY-ST-ZIP **MIAMI FL 33186**
SD

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **ORTEGA, MARITZA JOSEFI**
STREET ADDRESS **6520 SW 138TH COURT #605**
CITY-ST-ZIP **MIAMI FL 33183**
TD

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **ALVAREZ, GIRALDO**
STREET ADDRESS **19736 SW 119TH PLACE**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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