


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90141 017 ****70.00

DOCUMENT # N99000003711

1. Entity Name
MIAMI DISTRICT CAMPUS MINISTRY, INC.



Principal Place of Business
 1210 STANFORD DRIVE
 UNIV. OF MIAMI
 CORAL GABLES, FL 33146

Mailing Address
 P.O. BOX 248225
 CORAL GABLES, FL 33124

50065334



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

08232005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-0782461		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ZILLMAN, MARCUS P II WESLEY FOUNDATION UNIVERSITY OF MIAMI 1210 STANFORD DRIVE MIAMI, FL 33146		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

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COOPER, POLLY			NAME	Brian Carr		
STREET ADDRESS	5851 SW 87TH ST.			STREET ADDRESS	8500 SW 184 Terrace Miami, FL 33157		
CITY-ST-ZIP	SOUTH MIAMI, FL 33143			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CALDWELL, MARK			NAME	Sharyn Ladner		
STREET ADDRESS	14800 NW 67TH AVE.			STREET ADDRESS	929 Majorca Avenue Coral Gables, FL 33134		
CITY-ST-ZIP	MIAMI LAKES, FL 33014			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKER, EDWARD			NAME			
STREET ADDRESS	615 GONDOLIERE AVE.			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33143			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NELSON, TOM			NAME			
STREET ADDRESS	6565 RED ROAD			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33143			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JARRETT, GERTRUDE MS			NAME			
STREET ADDRESS	17037 NW 66 CT			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33015			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURKE, MARTA			NAME			
STREET ADDRESS	5275 SUNSET DR.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33143			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)(i), 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: M.A. Hill II **8/23/05** **(305)284-1920**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #