

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 02, 2006
Secretary of State**

DOCUMENT# N99000003711

Entity Name: MIAMI DISTRICT CAMPUS MINISTRY, INC.

Current Principal Place of Business:

1210 STANFORD DRIVE
UNIV. OF MIAMI
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 248225
CORAL GABLES, FL 33124

New Mailing Address:

FEI Number: 59-0782461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ZILLMAN, MARCUS P II
WESLEY FOUNDATION UNIVERSITY OF MIAMI
1210 STANFORD DRIVE
MIAMI, FL 33146 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CORR, BRIAN
Address: 8500 SW 184 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: D (X) Change () Addition
Name: CARR, BRIAN
Address: 8500 SW 184 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: C () Delete
Name: CALDWELL, MARK
Address: 14800 NW 67TH AVE.
City-St-Zip: MIAMI LAKES, FL 33014

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Delete
Name: BAKER, EDWARD
Address: 615 GONDOLIERE AVE.
City-St-Zip: CORAL GABLES, FL 33143

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: NELSON, TOM
Address: 6565 RED ROAD
City-St-Zip: MIAMI, FL 33143

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Delete
Name: JARRETT, GERTRUDE MS
Address: 17037 NW 66 CT
City-St-Zip: HIALEAH, FL 33015

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: LADNER, SHARYN
Address: 929 MAJORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCUS ZILLMAN, II

RA

05/02/2006

Electronic Signature of Signing Officer or Director

_____ Date