

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003711

FILED
Apr 27, 2009
Secretary of State

Entity Name: MIAMI DISTRICT CAMPUS MINISTRY, INC.

Current Principal Place of Business:

1210 STANFORD DRIVE
CORAL GABLES, FL 33146

New Principal Place of Business:

1210 STANFORD DRIVE
CORAL GABLES, FL 33146

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)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: C (X) Change () Addition
Name: LADNER, SHARYN
Address: 929 MAJORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

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

Title: D (X) Change () Addition
Name: MOSES, KENNETH J
Address: 15512 SW 147TH AVE
City-St-Zip: MIAMI, FL 33187

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date