# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **755422** **(3)**

1. Corporation Name

**IGLESIA METODISTA UNIDA-CORAL WAY-UNITED METHODI ST CHURCH, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 7900 CORAL WAY<br>MIAMI FL 33155 | 7900 CORAL WAY<br>MIAMI FL 33155 |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip / Country | Zip / Country |
| 24 / 25 | 29 / 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 12/08/1980 | 3a. Date of Last Report: 04/05/1995 |
| 4. FEI Number: 65-0539490 | ☐ Applied For ☐ Not Applicable |
| 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No | |

9. **Name and Address of Current Registered Agent**

**RODRIGUEZ, EUGENE**
**7900 CORAL WAY**
**MIAMI FL 33155**

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE (Signature, Type or Print Name of Person Signing) (Name of Registered Agent (signature required when changed)) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | ☐ DELETE | 11 TITLE ☐ Change ☐ Addition |
| NAME | RODRIGUEZ, EUGENE | | 12 NAME |
| STREET ADDRESS | 320 N W 132 AVE | | 13 STREET ADDRESS |
| CITY, ST, ZIP | MIAMI, FL 00000 | | 14 CITY, ST, ZIP |
| TITLE | VD | ☐ DELETE | 21 TITLE ☐ Change ☐ Addition |
| NAME | TORRES, EDDIE | | 22 NAME |
| STREET ADDRESS | 10290 SW 146 AVE | | 23 STREET ADDRESS |
| CITY, ST, ZIP | MIAMI, FL 00000 | | 24 CITY, ST, ZIP |
| TITLE | TD | ☐ DELETE | 31 TITLE ☐ Change ☐ Addition |
| NAME | NODAL, RAQUEL | | 32 NAME |
| STREET ADDRESS | 7801 S W 33RD TERRACE | | 33 STREET ADDRESS |
| CITY, ST, ZIP | MIAMI FL | | 34 CITY, ST, ZIP |
| TITLE | S T | ☐ DELETE | 41 TITLE ☐ Change ☐ Addition |
| NAME | BARO, ALICIA | | 42 NAME |
| STREET ADDRESS | 271 NW 64 AVE | | 43 STREET ADDRESS |
| CITY, ST, ZIP | MIAMI, FL 00000 | | 44 CITY, ST, ZIP |
| TITLE | | ☐ DELETE | 51 TITLE ☐ Change ☐ Addition |
| NAME | | | 52 NAME |
| STREET ADDRESS | | | 53 STREET ADDRESS |
| CITY, ST, ZIP | | | 54 CITY, ST, ZIP |
| TITLE | | ☐ DELETE | 61 TITLE ☐ Change ☐ Addition |
| NAME | | | 62 NAME |
| STREET ADDRESS | | | 63 STREET ADDRESS |
| CITY, ST, ZIP | | | 64 CITY, ST, ZIP |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Raquel Nodal Raquel Nodal 1-21-96 264-4377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)