

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90780 006 ****61.25

DOCUMENT # 703677

1. Entity Name

MIRAMAR UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

2507 UTOPIA DRIVE
 MIRAMAR FL 33023

2507 UTOPIA DRIVE
 MIRAMAR FL 33023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1149968

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALMON, LEIGHTON
9913 SW 16TH ST
PEMBROKE PINES FL 33025

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.

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | REID, NATHAN | |
| STREET ADDRESS | 2270 DESOTO DR | |
| CITY-ST-ZIP | MIRAMAR FL 33023 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | FITZPATRICK, JOHNNIE | |
| STREET ADDRESS | 19610 NW 31ST AVE | |
| CITY-ST-ZIP | CAROL CITY-FL 33056 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GALLIMORE, WESLEY | |
| STREET ADDRESS | 1417 NW 99TH ST | |
| CITY-ST-ZIP | MIAMI FL 33137 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | YOUNG, DAVID | |
| STREET ADDRESS | 2440 OLEANDER DR | |
| CITY-ST-ZIP | MIRAMAR FL 33023 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SPRAKER, JAMES | |
| STREET ADDRESS | 10359 GROVE ST | |
| CITY-ST-ZIP | COOPER CITY FL 33328 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DRY, WILLIAM | |
| STREET ADDRESS | 531 N. 70TH WAY | |
| CITY-ST-ZIP | HOLLYWOOD FL 33025 | |

| | | |
|----------------|---|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | McCORKLE, GEOFFREY | |
| STREET ADDRESS | 2481 SW 102 AVENUE | |
| CITY-ST-ZIP | MIRAMAR FL 33025 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GROSSMAN, JEAN | |
| STREET ADDRESS | 8342 S.MISSIONWOOD CIRCLE | |
| CITY-ST-ZIP | MIRAMAR FL 33025 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SALMON, LEIGHTON | |
| STREET ADDRESS | 9913 SW 16th STREET | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33025 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CURRIER, LEWIS | |
| STREET ADDRESS | 1540 SW 47 TERRACE | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33317 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FEURTADO, ALLISON | |
| STREET ADDRESS | 8720 N SHERMAN CIRCLE, APT 1-501 | |
| CITY-ST-ZIP | MIRAMAR FL 33025 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)