

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91060 040 \*\*\*\*61.25

**DOCUMENT # 724863**

1. Entity Name  
KILLIAN PINES UNITED METHODIST CHURCH, INC.



Principal Place of Business  
10755 S.W. 112TH STREET  
MIAMI, FL 33176

Mailing Address  
10755 S.W. 112TH STREET  
MIAMI, FL 33176

34004001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-1854296

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

BRAMBLETT, CLYDE  
18950 SW 136TH ST  
MIAMI, FL 33196

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 May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C  
NAME BRAMBLETT, CLYDE ☒ Delete  
STREET ADDRESS 18950 SW 136TH ST  
CITY-ST-ZIP MIAMI, FL 33196

TITLE C  
NAME Sara Orellana ☐ Change ☒ Addition  
STREET ADDRESS 11531 SW 98 St  
CITY-ST-ZIP Miami, FL 33176

TITLE TR  
NAME RAY, SELDEN ☐ Delete  
STREET ADDRESS 10420 SW 107 ST.  
CITY-ST-ZIP MIAMI, FL 33176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME STOKES, DEBBIE ☐ Delete  
STREET ADDRESS 11541 SW 98TH AVE  
CITY-ST-ZIP MIAMI, FL 33176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME GENNARO, BILL ☐ Delete  
STREET ADDRESS 12252 SW 102 TERR  
CITY-ST-ZIP MIAMI, FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME SARNACK, BOB ☐ Delete  
STREET ADDRESS 8130 SW 99 AVE  
CITY-ST-ZIP MIAMI, FL 33173

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME MCKENZIE, DAPHNE ☒ Delete  
STREET ADDRESS 15101 SW 113TH ST  
CITY-ST-ZIP MIAMI, FL 33196

TITLE D  
NAME Richard Cunningham ☐ Change ☒ Addition  
STREET ADDRESS 14321 SW 116 Ter  
CITY-ST-ZIP Miami, FL 33186

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: Bob Sarnack Bob Sarnack

4/26/04

305 279 2249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #