

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90201 016 \*\*\*\*61.25

**DOCUMENT # N05418**

1. Entity Name

**IMMANUEL EVANGELICAL LUTHERAN CHURCH OF MIAMI, I NC.**

Principal Place of Business

Mailing Address

**1770 BRICKELL AVENUE  
 MIAMI FL 33129**

**1770 BRICKELL AVENUE  
 MIAMI FL 33129**

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

**59-0651089**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANCIS, ARTHUR T  
 1770 BRICKELL AVE.  
 MIAMI FL 33129**

Name **WHITTEN, DAVID H.**

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

**548 VILLABELLA AVENUE**

City **CORAL GABLES**

**FL**

Zip Code **33146**

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

**DAVID H. WHITTEN, PRESIDENT**

*David H. Whitten* **April 18, 2002**

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 **PD**  Delete  
 NAME **FRANCIS, ARTHUR T**  
 STREET ADDRESS **1177 NW 8TH STREET ROAD APT 3**  
 CITY-ST-ZIP **MIAMI FL 33136**

TITLE **PD**  Change  Addition  
 NAME **WHITTEN, DAVID H.**  
 STREET ADDRESS **548 Villabella Avenue**  
 CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE **VD**  Delete  
 NAME **FRANCIS, ARTHUR**  
 STREET ADDRESS **1723 SW 2ND AVE**  
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE **VD**  Change  Addition  
 NAME **Mueller, James**  
 STREET ADDRESS **787 Crandon Blvd #1603**  
 CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE **TD**  Delete  
 NAME **NORMAN, CALVIN C**  
 STREET ADDRESS **1055 BELLE MEADE ISLE DRIVE**  
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE **TD**  Change  Addition  
 NAME **NORMAN, CALVIN C.**  
 STREET ADDRESS **1055 BELLE MEADE ISLAND DRIVE**  
 CITY-ST-ZIP **MIAMI, FL, 33138**

TITLE **SD**  Delete  
 NAME **THOMPSON, ANNE T**  
 STREET ADDRESS **18454 SW 89TH COURT**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **SD**  Change  Addition  
 NAME **Francis, Arthur T.**  
 STREET ADDRESS **1177 NW 8th Street Road Apt 3**  
 CITY-ST-ZIP **Miami, FL 33136**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*David H. Whitten*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID H. WHITTEN**

**April 18, 2002**

**305-366-1965**

Date

Daytime Phone #

CR2E037 (9/01)