

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

07-18-2002 90124 042 \*\*\*\*61.25

**DOCUMENT # N30181**

1. Entity Name

**NORTH MIAMI AVENUE CHURCH OF CHRIST**

Principal Place of Business

Mailing Address

13521 MEMORIAL HWY  
 MIAMI FL 33161  
 US

5 NW 164TH STREET  
 MIAMI FL 33168  
 US

2. Principal Place of Business

3. Mailing Address

14601 N.W. 2nd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI Florida

City & State

Zip

Country

Zip

Country

33168-2809

MIAMI-DADE

4. FEI Number

65-0078354

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

SHEWMAKER, FRED A  
 14601 NW 2ND AVE  
 MIAMI FL 33168-2809

Name **David A. Lucas**

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

5 NW 164 street

City  
 MIAMI

FL

Zip Code

33169

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 **David A. Lucas**  
Signature, typed or printed name of registered agent and title if applicable.

**David A. Lucas**  
(NOTE: Registered Agent signature required when reinstating)

**7-14-2002**  
DATE

After September 13, 2002,  
 min. will be \$236.25.

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 NAME STREET ADDRESS CITY-ST-ZIP	SD LUCAS, DAVID A. (SR) 5 NW 164 ST. MIAMI FL 33168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLDER, CLARANCE J 1634 NW 59 STREET APT 2 MIAMI FL 33142	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRENTICE, RONALD 10335 NW 5 AVE MIAMI FL 33150	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUCAS, THOMAS E 5 NW 164 ST MIAMI FL 33169	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEVEN D. FORD 1230 N.E. 139 street Apt # 209 NORTH MIAMI FLORIDA 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 A. Lucas** **David A. Lucas (SR)** **7-14-2002**



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)