

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726404

1. Entity Name

FIRST UNITED METHODIST CHURCH OF HOMESTEAD, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90550 012 ****61.25

Principal Place of Business 622 NORTH KROME AVENUE HOMESTEAD FL 33030	Mailing Address 622 NORTH KROME AVENUE HOMESTEAD FL 33030-6044
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0816440	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LYNN, JOHN M
48 N.E. 15 STREET, SECOND FLOOR
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

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
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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 NAME STREET ADDRESS CITY-ST-ZIP	DP GEIGER, W B 28041 SW 162ND AVE HOMESTEAD, FL 00000 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAM KELLY, William 27521 SW 165th AVE Homestead, FL 33031 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HAGER, C C 1782 NW 5TH AVE HOMESTEAD FL 33030 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Pratt, Susanne 1641 NW 13th Ave Homestead, FL 33030 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROBERTSON, LOUISE 890 N.W. 20TH STREET HOMESTEAD FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVB Lofton, Robert 1560 NW 19th ST. Homestead, FL 33030 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alonge, Gail 28180 SW 157th Ave Homestead, FL 33033 <input checked="" type="checkbox"/> Add. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ballard, Frances 105 NW 20th ST. Homestead, FL 33030 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Williams, Timothy 27820 SW 164th CT Homestead, FL 33031 <input checked="" type="checkbox"/> Add. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Perkins, William 26000 SW 182nd Ave Homestead, FL 33031 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEIGER, WB 16350 SW 272nd ST. Homestead, FL 33031 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barnett, Howard 19800 SW 180th Ave, #42 Miami, FL 33187 <input type="checkbox"/> Change <input checked="" 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)(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: *Susanne Pratt* 4-20-2000 305/248-4770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)