

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90313 031 ****70.00

DOCUMENT # 726404

1. Entity Name

FIRST UNITED METHODIST CHURCH OF HOMESTEAD, INC.

Principal Place of Business

**622 NORTH KROME AVENUE
HOMESTEAD FL 33030**

Mailing Address

**622 NORTH KROME AVENUE
HOMESTEAD FL 33030**

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

59-0816440

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DP KELLY, WILLIAM 27521 SW 165 AVENUE HOMESTEAD FL 33031	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PRATT, SUZANNE 1641 NW 13 AVENUE HOMESTEAD FL 33030	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LOFTON, ROBERT 1560 NW 19 STREET HOMESTEAD FL 33030	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALONGE, GAIL 28100 SW 157 AVENUE HOMESTEAD FL 33033	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, TIMOTHY 27820 SW 164 COURT HOMESTEAD FL 33031	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEIGER, W.B. 16350 SW 272 STREET HOMESTEAD FL 33031	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pratt, Suzanne 1641 NW 13 Ave. Homestead, FL 33030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Caren Hager 1782 NW 5 Avenue Homestead, FL 33030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frances Ballard 105 NW 20 St. Homestead, FL 33030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DePhillips, James 1610 NE 9 Court Homestead, FL 33033	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barnett, Howard 19800 SW 180 Ave #42 Miami, FL 33187	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Slye, Carl 333 NW 10St. Homestead, FL 33030	<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 19.07(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 #

4/18/01 247-2035

CR2E037 (10/00)