

2002 UNIFORM BUSINESS REPORT (UBR)**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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	KELLY, WILLIAM	
STREET ADDRESS	27521 SW 165 AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	PRATT, SUZANNE	
STREET ADDRESS	1641 NW 13 AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BALLARD, FRANCES	
STREET ADDRESS	105 NW 20 ST	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEPHILLIPS, JAMES	
STREET ADDRESS	1610 NE 9 COURT	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, TIMOTHY	
STREET ADDRESS	27820 SW 164 COURT	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GEIGER, W.B.	
STREET ADDRESS	16350 SW 272 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33031	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pratt, Suzanne	
STREET ADDRESS	1641 NW 13 Avenue	
CITY-ST-ZIP	Homestead, FL 33030	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hager, Caren	
STREET ADDRESS	1782 NW 5 Avenue	
CITY-ST-ZIP	Homestead, FL 33030	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goodman, Robert	
STREET ADDRESS	18445 SW 293 Terrace	
CITY-ST-ZIP	Homestead, FL 33030	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90063 036 ****70.00

B0065914

DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)