


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90449 035 \*\*\*\*70.00

<b>DOCUMENT # 707500</b> 1. Entity Name <b>THE UNITED CHURCH OF CHRIST OF MIAMI LAKES, INC.</b>					
Principal Place of Business <b>6701 MIAMI LAKEWAY MIAMI LAKES FL 33014</b>			Mailing Address <b>6701 MIAMI LAKEWAY MIAMI LAKES FL 33014</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SUTTON, WILLIAM H II 7370 BIG CCYPRESS DR MIAMI LAKES FL 33014</b>			Name <b>HEINRICH FRIEDMANN</b> Street Address (P.O. Box Number is Not Acceptable) <b>14700 DADE PINE AVE</b> City <b>MIAMI LAKES FL</b> Zip Code <b>33014</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FURLONG, CAROLYN		NAME		
STREET ADDRESS	740 NE 199ST APT #202		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33179		CITY-ST-ZIP		
TITLE	MD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, NEILL		NAME		
STREET ADDRESS	14640 GLENCAIRN RD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33016		CITY-ST-ZIP		
TITLE	VMD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLIHAN, RUBY		NAME		
STREET ADDRESS	14201 CYPRESS CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33014		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIEDMANN, HEINRICH		NAME		
STREET ADDRESS	14700 DADE PINE AVE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33014		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE: <i>Heinrich Friedmann</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					



MOORE CR2E037 (11/03)

4. FEI Number **59-1171817** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**