

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707500

**FILED**  
**Jan 12, 2018**  
**Secretary of State**  
**CC4802716976**

**Entity Name:** THE UNITED CHURCH OF CHRIST OF MIAMI LAKES, INC.

**Current Principal Place of Business:**

6701 MIAMI LAKEWAY SOUTH  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

6701 MIAMI LAKEWAY SOUTH  
MIAMI LAKES, FL 33014

**FEI Number:** 59-1171817

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

WEST, AL  
6321 SIMMONS ST  
MIAMI LAKES, FL 33014 US

*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:** AL WEST

01/12/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CC  
Name SEAGRAVE, LYNN  
Address 6730 CAMBRIDGE DR  
City-State-Zip: WESTON FL 33326

Title R  
Name CAMPBELL, THELMA  
Address 20061 NW 66TH PLACE  
City-State-Zip: MIAMI FL 33015

Title FINANCE CHAIR  
Name WEST, AL  
Address 16321 SIMMONS ST  
City-State-Zip: MIAMI LAKES FL 33014

Title VMD  
Name LARSH, MARCIO  
Address 6941 MIAMI LAKEWAY SOUTH  
City-State-Zip: MIAMI LAKES FL 33014

Title MD  
Name BALLWEG, GAIL  
Address 5030 SWEETWATER TERRACE  
City-State-Zip: COOPER CITH FL 33330

Title BK  
Name MARTINEZ, LAURA  
Address 1333 WEST 61 PLACE  
City-State-Zip: HIALEAH FL 33012

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** AL WEST

**FINANCIAL OFFICER**

01/12/2018

Electronic Signature of Signing Officer/Director Detail

Date