

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700051

1. Entity Name

ST. PAUL'S METHODIST CHURCH OF NORTH MIAMI, FLOR

Principal Place of Business

900 N E 132 STREET  
NORTH MIAMI FL 33161-4119

Mailing Address

900 N E 132 STREET  
NORTH MIAMI FL 33161-4119

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CUNNINGHAM, STEVEN  
1040 N.E. 121 STREET  
BISCAYNE PARK FL 33161

7. Name and Address of New Registered Agent

Name  
Stephen Cunningham  
Street Address (P.O. Box Number is Not Acceptable)  
1040 N.E. 121 Street

City Biscayne Park FL Zip Code 33161

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: Stephen Cunningham, Trustee Chair 1-23-00  
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

TITLE	D	<input type="checkbox"/> Delete
NAME	CANTA, LORITO	
STREET ADDRESS	1415 NE 141 STREET	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, JAMES	
STREET ADDRESS	13865 N. W. 5 AVE.	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORGAN, SHIRLEY	
STREET ADDRESS	527 N.W. 95 TERRACE	
CITY-ST-ZIP	N MIAMI FL 33150	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWOPE, WILLIAM A	
STREET ADDRESS	3750 S.W. 59 AVE. #4	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, DAVID	
STREET ADDRESS	536 NE 132 STREET	
CITY-ST-ZIP	N MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, STEVEN	
STREET ADDRESS	1040 N.E. 121 STREET	
CITY-ST-ZIP	BISCAYNE PARK FL 33161	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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: Stephen Cunningham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 24, 2000 8:00 am  
Secretary of State

02-24-2000 90003 035 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0818927 Applied For ☐ Not Applicable ☐

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

CR2E037 (9/99)