

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90122 034 ****61.25

DOCUMENT # 700051

1. Entity Name

ST. PAUL'S METHODIST CHURCH OF NORTH MIAMI, FLORIDA, INC.

Principal Place of Business

Mailing Address

**900 N E 132 STREET
 NORTH MIAMI FL 33161-4119**

**900 N E 132 STREET
 NORTH MIAMI FL 33161-4119**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0818927

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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]
 Signature, typed or printed name of registered agent and title if applicable.

Steven Cunningham

(NOTE: Registered Agent signature required when reinstating)

2-19-02

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	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	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
TITLE	<input type="checkbox"/> Delete
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
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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)(f), 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] SIGNATURE REQUIRED

Steven Cunningham

Date

Daytime Phone #

2-19-02

305-891-6218

CR2E037 (9/01)