## **2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

ALOS N. AMODERNIC AUG

## **DOCUMENT # 700282**

1. Entity Name

Principal Place of Business

4400 N. ANDDERNO AVE

## ST. ANDREWS UNITED METHODIST CHURCH OF FORT LAUD ERDALE, INC.



Apr 30, 2003 8:00 am § Secretary of State

04-30-2003 90054 044 \*\*\*\*61.25

**FILED** 

FT. LAUDERDALE FL 33311		FT. LAUDERDALE FL 33311		1102	27482		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-0872676 Applied F		oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta		\$9.75 Additional	
6. Name and Address of Current Registered Agent			<u>                                     </u>	7. Name and Address of New Registered Agent			
<del></del>	o. Name and Address of Carrent	Hogistered Agent	Name	1. Wallo alla Adare.	sa or How Hogistered A	90	
	HARRY 35 COURT (1) (1) ERDALE FL 33309			Street Address (P.O. Box Number is Not Acceptable)			
í			City		FL	Zip Cod	e
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or regis	tered agent, or both, in the	e State of Florida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstating)	DATE		
			mpaign Financing Contribution.	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIE	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIR	ECTORS IN	10
TITLE	P .	☐ Delete	TITLE	1.55		☐ Change	Addition
	WOOD, HARRY	r—1 Delete				☐ Change	Modition
NAME STREET ADDRESS	361 NW 35 COURT		NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				}
GITT-31-ZIF	FT. LAUDERDALE FL						<del></del>
TITLE	VODAVACIB TAMOTOLI	☐ Delete	TITLE			Change	☐ Addition
NAME	KOBAYASHI, TAMOTSU		NAME		•		1
STREET ADDRESS	314 S.E. 13TH ST.	ر د الموليسم حداد	STREET ADDRESS CITY-ST-ZIP	# .*		_	}
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		<del>-1  </del>		<del></del>		
TITLE	SD APT	🔀 Delete	TITLE			☐ Change	☐ Addition
NAME	HUGHES, ART		NAME			•	}
STREET ADDRESS	4550 NE 2 AVE		STREET ADDRESS CITY-ST-ZIP				ł
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		<b></b>				
TITLE	D DAVIG LADDY	Delete	TITLE			☐ Change	☐ Addition
NAME	DAVIS, LARRY		NAME				)
STREET ADDRESS	4311 N.W. 33RD ST.		STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP				
TITLE	D CORP. EV. MADIADELE	🔀 Delete	TITLE			Change	☐ Addition
NAME	GRIDLEY, MARIADELE		NAME				1
STREET ADDRESS   CITY-ST-ZIP	1106 NE FIRST AVE		STREET ADDRESS CITY-ST-ZIP				
	FT. LAUDERDALE FL		<b></b>				
TITLE	D .	☐ Delete	TITLE			Change	Addition
NAME	BUTLER, EDWIN		NAME				
STREET ADDRESS	1818 LAUDERDALE MANORS DR	<b>.</b>	STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		CITY-ST-ZiP	<del></del>			

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:

954-566-0390