

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90069 043 ****61.25

DOCUMENT # 700619

1. Entity Name

DANIA UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

**118 S E 1ST AVE
DANIA FL 33004**

**118 S E 1ST AVE
DANIA FL 33004**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-0799898

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DALE, STEVEN
6503 N OCEAN DR
DANIA FL 33004**

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCLEMORE, ROBERT**
CITY-ST-ZIP **410 SE 2 ST #103
HALLANDALE FL 33009**

TITLE ☐ Change ☒ Addition
NAME **Carpenter, Mike**
STREET ADDRESS **516 NE 3rd St.,**
CITY-ST-ZIP **Dania Beach, Fl. 33004**

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **DALE, STEVEN**
CITY-ST-ZIP **6503 N OCEAN DR
DANIA FL 33004**

TITLE ☐ Change ☒ Addition
NAME **Martinengo, Jean**
STREET ADDRESS **501 E Dania Bch Blvd, B5-Apt 3H**
CITY-ST-ZIP **Dania Bch, Fl. 33004**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **SPARKMAN, RICHARD**
CITY-ST-ZIP **45 SE 6 ST
DANIA FL 33004**

TITLE ☐ Change ☒ Addition
NAME **Adams, Jamie**
STREET ADDRESS **9275 Arbor Circle**
CITY-ST-ZIP **Davie, Fl. 33328**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **ADAMS, BOB**
CITY-ST-ZIP **330 SE 3 TERR
DANIA FL 33004**

TITLE ☐ Change ☒ Addition
NAME **Nielsen, Teri**
STREET ADDRESS **8605 Bridlepath Ct.**
CITY-ST-ZIP **Davie, Fl. 33328**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **MUMBY, RALPH**
CITY-ST-ZIP **4511 SW 30TH WAY
FORT LAUDERDALE FL 33312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **FLANDERS, HESTER**
CITY-ST-ZIP **1948 THOMAS ST
HOLLYWOOD FL 33020**

TITLE ☐ Change ☐ 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:

Signature Required Steven Dale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)