

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

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

04-30-2003 90075 009 *****61.25

DOCUMENT # 700619

1. Entity Name
DANIA UNITED METHODIST CHURCH, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0799898**

Applied For

Not Applicable

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
Carpenter, Mike

Street Address (P.O. Box Number is Not Acceptable)

516 NE 3rd Street

City

Dania Beach,

FL

Zip Code
33004

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *M. Carpenter*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE **D** ☐ Delete
NAME **CARPENTER, MIKE**
STREET ADDRESS **516 NE 3RD ST.,**
CITY-ST-ZIP **DANIA FL 33004**

TITLE **SD** ☐ Change ☒ Addition
NAME **Dunham, Sharon**
STREET ADDRESS **817 NW 8th Ave**
CITY-ST-ZIP **Dani Bch, Fl. 33004**

TITLE **D** ☐ Delete
NAME **MARINENGO, JEAN**
STREET ADDRESS **501 E DANIA BCH BLVD, B5- APT 3H**
CITY-ST-ZIP **DANIA FL 33004**

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

TITLE **D** ☐ Delete
NAME **ADAMS, JAMIE**
STREET ADDRESS **9275 ARBOR CIRCLE**
CITY-ST-ZIP **DAVIE FL 33328**

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

TITLE **SD** ☐ Delete
NAME **NIELSEN, TERI**
STREET ADDRESS **8605 BRIDLEPATH CT.**
CITY-ST-ZIP **DAVIE FL 33328**

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: *M. Carpenter* **REQUIRED**

4-24-03 922-4447

CR2E037 (10/02)