

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90236 037 ****61.25

DOCUMENT # 700788

1. Entity Name
MERRELL UNITED METHODIST CHURCH, INC.



Principal Place of Business
**3900 N STATE RD 7
FT LAUDERDALE FL 33319-1877**

Mailing Address
**3900 N STATE RD 7
FT LAUDERDALE FL 33319-1877**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1099703**

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

**HOUSTON, HARRY R
3900 N STATE RD 7
FT LAUDERDALE FL 33319**

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **COOMBS, FRANKLYN**
STREET ADDRESS **3131 NW 41 STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **D** ☐ Delete
NAME **ELLIS, BENSON**
STREET ADDRESS **4301 NW 24 ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33313**

TITLE **D** ☐ Delete
NAME **FARRELLY, ALTHEA**
STREET ADDRESS **500 SW 75 AVE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33068**

TITLE **D** ☐ Delete
NAME **OLDEN, JOSEPHINE**
STREET ADDRESS **3774 INVERRARY BLVD # 110**
CITY-ST-ZIP **FORT LAUDERDALE FL 33319**

TITLE **DS** ☐ Delete
NAME **TAYLOR, KENDALL M**
STREET ADDRESS **P.O. BOX 740876**
CITY-ST-ZIP **BOYNTON BEACH FL 33474**

TITLE **D** ☐ Delete
NAME **RAYES, THELMA**
STREET ADDRESS **3489 NW 24ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

NEED SIGNATURE REQUIRED

2/13/03

Date

Daytime Phone #

CR2E037 (10/02)