

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # 702430

1. Entity Name

WESLEY UNITED METHODIST CHURCH OF CORAL GABLES,

Principal Place of Business

133 PONCE DE LEON BLVD
CORAL GABLES FL 33135

Mailing Address

133 PONCE DE LEON BLVD
CORAL GABLES FLA 33135-1033

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0806984

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARKER, PATRICIA A
2940 NW 15 ST
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

Anna E. Earp

Street Address (P.O. Box Number is Not Acceptable)
12310 S.W. 147 Ter.

City

Miami

FL

Zip Code

33186

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

Anna E. Earp
Signature, typed or printed name of registered agent and title if applicable.
Anna E. Earp

(NOTE: Registered Agent signature required when reinstating)

Feb. 16, 2000

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME NOGA, CHESTER
STREET ADDRESS 38 MARABELLA AVENUE
CITY-ST-ZIP CORAL GABLES, FL 00000 33134TITLE D ☐ Delete
NAME EARP, ANNA E.
STREET ADDRESS 12310 S.W. 147 TERR
CITY-ST-ZIP MIAMI FLTITLE D ☒ Delete
NAME BARKER, PATRICIA A
STREET ADDRESS 2940 NW 15ST
CITY-ST-ZIP MIAMI, FL 00000 33125TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President (T) ☒ Change ☐ Addition
NAME Antoinette Miller
STREET ADDRESS 9301 Little River Blvd.
CITY-ST-ZIP Miami, FL. 33147TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Vice President (T) ☒ Change ☐ Addition
NAME Fredda Christian
STREET ADDRESS 10701 S.W. 51 Dr.
CITY-ST-ZIP Miami, FL. 33165TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Anna E. Earp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-2000

Date

305-238-6976

Daytime Phone #

CR2E037 (9/99)