

# 2001 UNIFORM BUSINESS REPORT (UBR)

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 FL 33135

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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 Anna E. Earp, Treas.

1-12-2001

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D ~~NOGA, CHESTER~~ ☒ Delete  
~~38 MARABELLA AVENUE~~  
~~CORAL GABLES, FL 00000 33134~~

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D EARP, ANNA E. ☐ Delete  
12310 S.W. 147 TERR  
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D ~~BARKER, PATRICIA A~~ ☒ Delete  
~~2940 NW 15 ST~~  
~~MIAMI, FL 00000 33125~~

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition  
D ~~Antoinette Miller~~  
9301 Little River Blvd.  
Miami, FL 33147

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition  
D ~~Fredda Christian~~  
10701 S.W. 51 Dr.  
Miami, FL 33165

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

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

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

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 Anna E. Earp

1-12-2001 305-238-6976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 26, 2001 8:00 am  
Secretary of State

01-27-2001 90072 018 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)