2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State
06-05-2000 90031 015 ****61.25

DOCUMENT # 703872

1. Entity Name

NORLAND UNITED METHODIST CHURCH

Principal Place of Business	Mailing Address
885 N. W. 195 ST. 800 NW 195TH ST MIAMI FL 33169	885 N. W. 195 ST. 800 NW 195TH ST MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

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 59-6031714 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, LAWRENCE
1461 NW 179TH ST
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name: Ted Kossally
Street Address (P.O. Box Number is Not Acceptable): 821 N. w. 12th Avenue
City: Miami **FL** Zip Code: 33169

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: Ted Kossally — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 5/25/00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARRIS, LAWRENCE 1461 NW 179TH ST MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GABBIDON, HYACHINTH 20151 NE 15TH AVENUE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Rudolph Richards 18841 N.W. 5th Ct. Miami Fl. 33169
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FORDE, GEORGE 8225 NW 199TH TERR MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: x Ted Kossally REQUIRED — KOSSALLY — 5/25/00 — 3056251772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #