

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

7. Name and Address of New Registered Agent

KOSSALLY, TED
821 N. W. 12TH AVENUE
MIAMI FL 33169

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

After September 13, 2002,
min. will be \$236.25.

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	T KOSSALLY, TED	☐ Delete
STREET ADDRESS	821 N.W. 207TH ST.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE NAME	T RICHARDS, RUDOLPH	☐ Delete
STREET ADDRESS	18941 N.W. 5TH CT.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE NAME	T FORDE, GEORGE	☐ Delete
STREET ADDRESS	8225 NW 199TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	T Earle Davey	☒ Change ☐ Addition
STREET ADDRESS	1061 NW 195th St.	
CITY-ST-ZIP	Miami, FL 33169	
TITLE NAME	T Ted Kossally	☒ Change ☐ Addition
STREET ADDRESS	821 NW 207th St.	
CITY-ST-ZIP	Miami, FL 33169	
TITLE NAME	T Anthony Thompson	☒ Change ☐ Addition
STREET ADDRESS	281 NW 185th Ter.	
CITY-ST-ZIP	Miami, FL 33169	
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (4/02)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Earle M Davey 9/5/02 (305) 652-5172

Daytime Phone #

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-09-2002 90026 044 ****61.25

DO NOT WRITE IN THIS SPACE