

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

FILED
May 14, 2003 8:00 am
Secretary of State
05-14-2003 90135 006 ****61.25

DOCUMENT # 703872

1. Entity Name

NORLAND UNITED METHODIST CHURCH



Principal Place of Business

**885 N. W. 195 ST.
800 NW 195TH ST
MIAMI FL 33169**

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES



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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **KOSSALLY, TED**
STREET ADDRESS **821 N.W. 207TH ST.**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☒ Change ☐ Addition
NAME **Earle Davey**
STREET ADDRESS **1061 NW 195th Street**
CITY-ST-ZIP **Miami FL 33169**

TITLE ☐ Delete
NAME **DAVEY, EARLE**
STREET ADDRESS **1061 NW 19TH ST**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☒ Change ☐ Addition
NAME **Margaret Brown**
STREET ADDRESS **9821 S.W. 13th Ct.**
CITY-ST-ZIP **Pembroke Pines, FL 33025**

TITLE ☐ Delete
NAME **THOMPSON, ANTHONY**
STREET ADDRESS **281 NW 185TH TERR**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☒ Change ☐ Addition
NAME **Anthony Thompson**
STREET ADDRESS **281 N.W. 185th Terrace**
CITY-ST-ZIP **Miami FL 33169**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *Earle Davey* **REQUIRED**

5/18/03

305 652 5172

CR2E037 (10/02)