SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 8:09

DOCUMENT # **704717** **(8)**

1. Corporation Name
LAKEVIEW UNITED METHODIST CHURCH, INCORPORATED

Principal Place of Business	Mailing Address
11500 N W 12 AVE MIAMI FL 33168	11500 N W 12 AVE MIAMI FL 33168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/25/1962
3a. Date of Last Report: 07/05/1994
4. FEI Number: 59-1264178 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business — 21:
2a. Mailing Address — 26: P.O. Box 680547
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: Miami, Florida
Zip — 24: Country — 25:
Zip — 29: 33168 Country — 30: U.S.A.

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☒ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAMS, PHILLIP
1806 N.W. 107TH ST.
MIAMI FL 33167

10. Name and Address of New Registered Agent

81 Name: Charles Golphin
82 Street Address (P.O. Box Number is Not Acceptable): 565 N.E. 179th Drive
83:
84 City: North Miami FL 85 Zip Code: 33162

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Charles Golphin Charles Golphin — DATE: 7/10/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	Tr ☒ Change ☐ Addition
NAME	BOWEN, BOBBIE	12 NAME	PORTER, ALLEN
STREET ADDRESS	20101 NW 62ND COURT	13 STREET ADDRESS	1198 N.W. 115th Street
CITY-ST-ZIP	MIAMI, FL 00000	14 CITY-ST-ZIP	Miami, FL 33168
TITLE	T	21 TITLE	Tr, P ☒ Change ☐ Addition
NAME	GOLPHIN, CHARLES	22 NAME	ROBERTS, ROBIE
STREET ADDRESS	565 N.E. 179TH DRIVE	23 STREET ADDRESS	9231 N.W. Little River Blvd.
CITY-ST-ZIP	NORTH MIAMI FL	24 CITY-ST-ZIP	Miami, FL 33167
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	PINDER, MARY	32 NAME	
STREET ADDRESS	12410 NW 21ST PLACE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	C	41 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, PHILLIP	42 NAME	
STREET ADDRESS	1806 NW 107TH ST	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	CLARKE, ANDERSON M.	52 NAME	
STREET ADDRESS	843 NW 75TH STREET	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	COOPER, WILLIE	62 NAME	
STREET ADDRESS	860 NE 92ND STREET	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robie Roberts — 6-28-95 — 691-9830
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN ON BEHALF OF CORPORATION — Date — Daytime Phone #
Robie Roberts

0000040