

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1996 4-2496 B-

4413 C

DOCUMENT # 704717

(8)

1. Corporation Name

LAKEVIEW UNITED METHODIST CHURCH, INCORPORATED

Principal Place of Business

11500 N W 12 AVE
MIAMI FL 33168

Mailing Address

P O BOX 680547
MIAMI FL 33168
US



3. Date Incorporated or Qualified
10/25/1962

3a. Date of Last Report
07/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1264178

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLPHIN, CAHRLES
565 NE 179TH DR
N MIAMI FL 33162

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

4/12/96

(Signature typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE
NAME PORTER, ALLEN
STREET ADDRESS 1198 NW 115TH ST
CITY-ST-ZIP MIAMI, FL 00000

TP ☒ DELETE
NAME ROBERTS, ROBIE
STREET ADDRESS 9231 NW LITTLE RIVER BLVD
CITY-ST-ZIP MIAMI FL

T ☒ DELETE
NAME PINDER, MARY
STREET ADDRESS 12410 NW 21ST PLACE
CITY-ST-ZIP MIAMI FL

C ☒ DELETE
NAME WILLIAMS, PHILLIP
STREET ADDRESS 1806 NW 107TH ST
CITY-ST-ZIP MIAMI FL

T ☐ DELETE
NAME CLARKE, ANDERSON M.
STREET ADDRESS 843 NW 75TH STREET
CITY-ST-ZIP MIAMI FL

T ☐ DELETE
NAME COOPER, WILLIE
STREET ADDRESS 860 NE 92ND STREET
CITY-ST-ZIP MIAMI SHORES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☐ Change ☒ Addition
1.2 NAME BECKLES, Desadene
1.3 STREET ADDRESS 843 NW 75th Street
1.4 CITY-ST-ZIP Miami, FL 33150

2.1 TITLE T ☐ Change ☒ Addition
2.2 NAME Thompson, Cherry
2.3 STREET ADDRESS 6890 Longbow Bend
2.4 CITY-ST-ZIP Davie, FL 33334

3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME WATLER, Elma
3.3 STREET ADDRESS 1100 N.W. 131st Street
3.4 CITY-ST-ZIP Miami, FL 33168

4.1 TITLE T ☐ Change ☒ Addition
4.2 NAME ARCHIBALD, Ada
4.3 STREET ADDRESS 750 N.W. 126th Street
4.4 CITY-ST-ZIP Miami, FL 33150

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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: Allen Porter Allen Porter

4/12/96

756 9083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)