

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704717 (8)

1. Corporation Name

LAKEVIEW UNITED METHODIST CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

11500 N W 12 AVE
MIAMI FL 33168P O BOX 680547
MIAMI FL 33168-0547
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/25/19623a. Date of Last Report
04/24/1996

4. FEI Number

59-1264178

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

Albert Hill

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

900 N.W. 153rd Street

83

84 City

Miami

FL

85 Zip Code

33169

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

Signature of, typed or printed name of registered agent and title if applicable

Albert Hill

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE T ☒ DELETE
NAME BECKLES, DESADENE
STREET ADDRESS 843 NW 75TH ST
CITY-ST-ZIP MIAMI, FL 00000TITLE T ☐ DELETE
NAME THOMPSON, CHERRY
STREET ADDRESS 6890 LONGBOW BEND
CITY-ST-ZIP DAVIE FLTITLE T ☐ DELETE
NAME WATLER, ELMA
STREET ADDRESS 1100 NW 131ST ST
CITY-ST-ZIP MIAMI FLTITLE T ☐ DELETE
NAME ARCHIBALD, ADA
STREET ADDRESS 750 NW 126TH ST
CITY-ST-ZIP MIAMI FLTITLE T ☐ DELETE
NAME CLARKE, ANDERSON M.
STREET ADDRESS 843 NW 75TH STREET
CITY-ST-ZIP MIAMI FLTITLE 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 S ☐ Change ☒ Addition
1.2 NAME DeVeaux, Frances
1.3 STREET ADDRESS 2435 N.W. 170th Terrace
1.4 CITY-ST-ZIP Opa-locka, FL 330562.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Tr Watler, Elma
3.3 STREET ADDRESS 1100 N.W. 31st Street
3.4 CITY-ST-ZIP Miami, FL 331684.1 TITLE ☒ Change ☐ Addition
4.2 NAME Tr Archibald, Ada
4.3 STREET ADDRESS 750 N.W. 126th Street
4.4 CITY-ST-ZIP Miami, FL 331685.1 TITLE ☒ Change ☐ Addition
5.2 NAME Tr Clarke, Anderson M.
5.3 STREET ADDRESS 843 N.W. 75th Street
5.4 CITY-ST-ZIP Miami, FL 331506.1 TITLE ☒ Change ☐ Addition
6.2 NAME C Cooper, Willie
6.3 STREET ADDRESS 860 N.E. 92nd Street
6.4 CITY-ST-ZIP Miami Shores, FL 33138

14. I do 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 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:

SIGNATURE REQUIRED Cooper

(305) 757-7159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0032208

CR2E037 (9/96)