
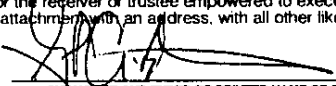


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90090 039 ****61.25

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # 704717 1. Entity Name LAKEVIEW UNITED METHODIST CHURCH, INCORPORATED | | | |  | |
| Principal Place of Business 11500 N W 12 AVE MIAMI, FL 33168 | | | Mailing Address 11500 NW 12TH AVENUE MIAMI, FL 33168 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State | | 3. Mailing Address Suite, Apt. #, etc. City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1264178 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BETANCOURT, GUSTAVO A 2850 SW 27 AVE. MIAMI, FL 33133 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | V <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ZILLMAN, MARCUS | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 1210 STANFORD DR | | STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| CITY-ST-ZIP | MIAMI, FL 33146 | | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | T <input checked="" type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | ROTOLO, ROSEMARY | | NAME | NORA Madan | |
| STREET ADDRESS | 2850 SW 27 AVE | | STREET ADDRESS | 2850 SW 27th Ave | |
| CITY-ST-ZIP | MIAMI, FL 33133 | | CITY-ST-ZIP | MIAMI, FL 33133 | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | <input type="checkbox"/> Delete | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | <input type="checkbox"/> Delete | | STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| CITY-ST-ZIP | <input type="checkbox"/> Delete | | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| NAME | <input type="checkbox"/> Delete | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | <input type="checkbox"/> Delete | | STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| CITY-ST-ZIP | <input type="checkbox"/> Delete | | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | | | GUSTAVO A. Betancourt | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 2/6/07 Daytime Phone # 305-445-9136 | | |

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02052007 Chg-NP CR2E037 (12/06)