

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

DOCUMENT # 704717

1. Entity Name

LAKEVIEW UNITED METHODIST CHURCH, INCORPORATED



Principal Place of Business

11500 N W 12 AVE
MIAMI FLA 33168

Mailing Address

P O BOX 680547
MIAMI FL 33168
US

55052778



☐ CHECK HERE IF MAKING CHANGES

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 59-1264178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, ALBERT
900 N.W. 153RD STREET
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~~
After September 10, 2003, min will be \$236.25

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	S	<input checked="" type="checkbox"/> Delete
NAME	DEVEAUX, FRANCES	
STREET ADDRESS	2435 N.W. 170TH TERRACE	
CITY-ST-ZIP	OPA-LOCKA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMPSON, CHERRY	
STREET ADDRESS	6890 LONGBOW BEND	
CITY-ST-ZIP	DAVE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WATLER, ELMA	
STREET ADDRESS	1100 N.W. 31ST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARCHIBALD, ADA	
STREET ADDRESS	750 NW 126TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLARKE, ANDERSON M.	
STREET ADDRESS	843 NW 75TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	COOPER, WILLIE	
STREET ADDRESS	880 NE 92ND STREET	
CITY-ST-ZIP	MIAMI SHORES FL	

TITLE	MAVIS PALMER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12535 N.W. 20th Ave	
STREET ADDRESS	Miami, FL 33167	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Ornel Smith	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11102 N.W. 11th Ave	
STREET ADDRESS	Miami FL 33168	
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)(l), 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:

[Signature] SIGNATURE REQUIRED

726-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)

0008744