

DOCUMENT # 705372

1. Entity Name

THE OLYMPIA HEIGHTS METHODIST CHURCH, INC.



FILED  
Feb 05, 2007 08:00 AM  
Secretary of State



Principal Place of Business

Mailing Address

3801 SW 97 AVENUE  
MIAMI FL 33165-4059

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MIAMI FL 33165-4059

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E037 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0869858

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCOTT, HARRY G  
4915 SW 93 COURT  
MIAMI FL 33165

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  
Due By May 1, 2007

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	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
D	DIAZ, PEGGY	11049 SW 113 PLACE	MIAMI FL 33176-3170				
D	SCOTT, LOUISE	4915 SW 93RD CT	MIAMI FL 33165				
D	CALVO, SUZZAN	9505 SW 101 TERR	MIAMI FL 33176				
D	SCOTT, HARRY G	4915 SW 93 COURT	MIAMI FL 33165				
T	BRIGGS, DICK	4500 SW 94 COURT	MIAMI FL 33165				

U00000621856  
02/13/07-80002-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Harry G. Scott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-07

Date

305-221-0133

Daytime Phone #