

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State

0007637

DOCUMENT # 706463

1. Entity Name

MESSIAH EVANGELICAL LUTHERAN CHURCH OF DADE COUN

08-24-2001 90004 044 ****61.25

Principal Place of Business

Mailing Address

DADE COUNTY, FLORIDA, INCORPORATED
 9850 CORAL WAY
 MIAMI FL 33165

DADE COUNTY, FLORIDA, INCORPORATED
 9850 CORAL WAY
 MIAMI FL 33165

C0075557



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1374812

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

TAYLOR, CHRISTINE
 11654 SW 53 PL
 COOPER FL 33330

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.

SIGNATURE

Christine Taylor DPres. Christine Taylor

8-19-01

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 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Delete
NAME	TAYLOR, RICHARD	
STREET ADDRESS	11654 SW 53 PLACE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	URBAY, FRANSICA	
STREET ADDRESS	14564 SW 14 TERR	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SANDOVAL, DINORAH	
STREET ADDRESS	14384 SW 159TH TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FLORENCE, FLOYD	
STREET ADDRESS	430 SW 62 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TAYLOR, CHRISTINE	
STREET ADDRESS	11654 SW 53 PLACE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BRODBECK, FRANCES	
STREET ADDRESS	1030 SW 73 AVE	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ana Gonzalez	
STREET ADDRESS	1341 SW 135 CT	
CITY-ST-ZIP	Miami, FL 33184	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REGLA FERNANDEZ	
STREET ADDRESS	6584 NW 197 LN	
CITY-ST-ZIP	MIAMI, FLA 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA E. BERON	
STREET ADDRESS	10253 S.W. 27th St.	
CITY-ST-ZIP	MIAMI, FL 33165	

12. I 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 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:

Christine Taylor DPres. Christine Taylor

8-19-01 (954) 434-2537

CR2E037 (5/01)