

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90139 035 ****61.25

DOCUMENT # 706463

1. Entity Name

**MESSIAH EVANGELICAL LUTHERAN CHURCH OF DADE COUN
 TY, FLORIDA, INCORPORATED**

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**

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

59-1374812

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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 _____
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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
DT	TAYLOR, RICHARD		
	11654 SW 53 PLACE		
	COOPER CITY FL		
D	FERNANDEZ, REGLA		
	6584 NW 197 LANE		
	MIAMI FL 33015		
D	GONZALEZ, ANA		
	1341 SW 135 CT		
	MIAMI FL 33184		
DS	FLORENCE, FLOYD		
	430 SW 62 CT		
	MIAMI FL		
DP	TAYLOR, CHRISTINE		
	11654 SW 53 PLACE		
	COOPER CITY FL		
S	BERON, MARIA E		
	10252 SW 27TH STREET		
	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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-02 954 298-6130
Date Daytime Phone #

CR2E037 (9/01)