


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

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-17-2003 90028 032 ****61.25

DOCUMENT # 706463

1. Entity Name
MESSIAH EVANGELICAL LUTHERAN CHURCH OF DADE COUNTY, FLORIDA, INCORPORATED



Principal Place of Business
**DADE COUNTY, FLORIDA, INCORPORATED
9850 CORAL WAY
MIAMI FL 33165**

Mailing Address
**DADE COUNTY, FLORIDA, INCORPORATED
9850 CORAL WAY
MIAMI FL 33165**

55052884



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

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
**TAYLOR, CHRISTINE
11654 SW 53 PL
COOPER FL 33330**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **DT** Delete
NAME **TAYLOR, RICHARD**
STREET ADDRESS **11654 SW 53 PLACE**
CITY-ST-ZIP **COOPER CITY FL**

Change Addition

TITLE **D** Delete
NAME **FERNANDEZ, REGLA**
STREET ADDRESS **6584 NW 197 LANE**
CITY-ST-ZIP **MIAMI FL 33015**

Change Addition

TITLE **D** Delete
NAME **GONZALEZ, ANA**
STREET ADDRESS **1341 SW 135 CT**
CITY-ST-ZIP **MIAMI FL 33184**

Change Addition

TITLE **DS** Delete
NAME **FLORENCE, FLOYD**
STREET ADDRESS **430 SW 62 CT**
CITY-ST-ZIP **MIAMI FL**

TITLE **DVP** Change Addition
NAME **MADELIN C. FLORENCE**
STREET ADDRESS **1247 SW 67 AVE APT 39**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **DP** Delete
NAME **TAYLOR, CHRISTINE**
STREET ADDRESS **11654 SW 53 PLACE**
CITY-ST-ZIP **COOPER CITY FL**

Change Addition

TITLE **S** Delete
NAME **BERON, MARIA E**
STREET ADDRESS **10252 SW 27TH STREET**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE **S** Change Addition
NAME **BRENDA WELGAN**
STREET ADDRESS **10874 SW 2 ST. # 209**
CITY-ST-ZIP **SWEETWATER FL 33174**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED **7-13-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)