2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2005 8:00 am Secretary of State **DOCUMENT # 707500** 1. Entity Name 03-15-2005 90035 022 ****70.00 THE UNITED CHURCH OF CHRIST OF MIAMI LAKES. Mailing Address Principal Place of Business 6701 MIAMI LAKEWAY MIAMI LAKES FL 33014 6701 MIAMI LAKEWAY MIAMI LAKES FL 33014 50026579 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State Applied For City & State 4. FEI Number 59-1171817 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRIEDEMANN, HEINERH HEINRICH 14700 DADE PINE AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES FL 33014 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Florida Department of State Trust Fund Contribution. Added to Fees 2.48v.f448* 4 <u>[1</u> 경영됐<u>.</u> ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition ☐ Delete TITLE THE FURLONG, CAROLYN NAME 740 NE 199ST APT #202 STREET ADDRESS STREET ADDRESS MIAMI FL 33179 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition ROBINSON, NEILL NAME 14640 GLENCAIRN RD STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33016 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete HOLIHAN, RUBY NAME NAME 14201 CYPRESS CT STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33014 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete FRIEDMANN, HEINRICH NAME NAME 14700 DADE PINE AVE STREET ADDRESS STREET ADDRESS HISTERN FL 33014 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7JP

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

ED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

3-10-01 305-822-43D