## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 24, 2006 8:00 am DOCUMENT # 707500 **Secretary of State** 1. Entity Name 03-24-2006 90039 007 \*\*\*\*70.00 THE UNITED CHURCH OF CHRIST OF MIAMI LAKES, INC. Principal Place of Business Mailing Address 6701 MIAMI LAKEWAY MIAMI LAKES FL 33014 6701 MIAMI LAKEWAY MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-1171817 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRIEDEMANN, HEINRICH Street Address (P.O. Box Number is Not Acceptable) 14700 DADE PINE AVE MIAMI LAKES FL 33014 Zip Code FI 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 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition FURLONG, CAROLYN NAME NAME STREET ADDRESS 740 NE 199ST APT #202 STREET ADDRESS MIAMI FL 33179 CITY-ST-ZIP CITY-ST-ZIP MORUBY HOLIHAN 14201 CYPRESS CT. MD Addition Delete TITLE ROBINSON, NEILL NAME NAME 14640 GLENCAIRN RD STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33016 CITY-ST-ZIP CITY-ST-ZIP VMD TITLE ☐ Delete TITLE ☐ Addition HOLIHAN, RUBY NAME NAME 14201 CYPRESS CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FRIEDMANN, HEINRICH NAME STREET ADDRESS 14700 DADE PINE AVE STREET ADDRESS MIAMI LAKES FL 33014 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS C/TY-ST-7IP CITY-ST-ZIP

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:

03/09/06

FILED