

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91751 001 ***122.50

DOCUMENT # 710426

1. Entity Name

FIRST UNITED METHODIST CHURCH OF MIAMI, INC.



Principal Place of Business

**400 BISCAYNE BLVD.
MIAMI FL 33132**

Mailing Address

**400 BISCAYNE BLVD.
MIAMI FL 33132**

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 **59-1141042**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CARTER, AUBREY
400 BISCAYNE BLVD
MIAMI FL 33132**

7. Name and Address of New Registered Agent

Name

DONALD BAGGESEN

Street Address (P.O. Box Number is Not Acceptable)

400 BISCAYNE BLVD

MIAMI, FL 33132

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

FILE NOW: FEE IS \$61.25

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

TITLE **D** ☒ Delete
NAME **BRIDGES, EUGENE**
STREET ADDRESS **10982 GRIFFING BLVD**
CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE **D** ☒ Delete
NAME **SAMTER, RON**
STREET ADDRESS **1717 N. BAYSHORE DR. A32**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D** ☐ Delete
NAME **WINEBRENNER, OPAL**
STREET ADDRESS **5431 NW 167 ST**
CITY-ST-ZIP **OPA LOCKA FL 33055**

TITLE **D** ☒ Delete
NAME **CARTER, AUBREY**
STREET ADDRESS **400 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **HELEN SIMMONS**
STREET ADDRESS **5771 SW 14 St**
CITY-ST-ZIP **Miami, FL 33144**

TITLE ☒ Change ☐ Addition
NAME **EMILIO CHAVIANO**
STREET ADDRESS **400 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **DONALD BAGGESEN**
STREET ADDRESS **400 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Required

4/23/03

305-576-0631

CR2E037 (10/02)