**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Aug 21, 2001 8:00 am DOCUMENT # 710859 Secretary of State 1. Entity Name 08-21-2001 90009 013 \*\*\*\*61.25 MIRAMAR EVANGELICAL FREE CHURCH, INC. Principal Place of Business Mailing Address 6390 S.W. 32ND STREET 6390 S.W. 32ND STREET MIRAMAR FL 33023 MIRAMAR FL 33023 C0075438 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2169792 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 Namé Address (P.O. Box Number & Not Acceptable) CROSS, KEVIN R EA MIGH MAY 1930 TYLER-ST HOLLYWOOD FL 33020 Zip \$3020 IMM) 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** title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE TITLE CHAIRMAN ☐ Change **★** Addition gonžalez, luis NAME STEVEN R. DANIELSON NAME 6751 SW 10TH SI STREET ADDRESS STREET ADDRESS 3812 GRANT STREET CCTY-ST-7IP PEMBROKE PINES FL 33023 CITY-ST-ZIP HOLLYWOOD, FL 33021 TITLE VICE -CHAIRMAN Delete TITLE **★**Addition ☐ Change WAREING, BRUCE M NAME WILFORD ANDERSON NAME 721 LAÙREL LN W STREET ADDRESS STREET ADDRESS 7752 HARBOUR BLND CITY-ST-ZIP PEMBROKE PINES FL 33027. C!TY-ST-ZIP MIRAMAR FL 33023 TREASURER TITLE □ Delete TITLE **™** Change ☐ Addition SEEGER, BEN NAME SEEGER, BEN NAME STREET ADDRESS 2974 MYRTLE OAK CIRCLE 2974 MYRTLE DAK CIRCLE STREET ADDRESS CITY-ST-ZIP DAVIE FL 33328 DAVIE, FL CITY-ST-ZIP 33328 TITLE TITI E SECRETARY ☐ Change Delete Addition MIRQ, FELIX NAME NAME DELFI SEEGER 2823 WEST ORCHARD CIRCLE STREET ADDRESS STREET ADDRESS 2974 MYRTLE OAK CIRCLE CITY-ST-ZIP DAVIE FL 33328 CITY-ST-7IP DAVIE, FL 33328 TITLE ☐ Delete TITLE DIRECTOR ☐ Change **∑**Addition NAME LUIS GONZALEZ STREET ADDRESS STREET ADDRESS 6751 SW 104-5T CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES, FL 33023 TITLE DIRECTOR ☐ Delete TITLE ☐ Change **⊠**'Addition NAME NAME DAYLE BLAKE STREET ADDRESS STREET ADDRESS 1819 ALCAZAR DRIVE CITY-ST-ZIP CITY-ST-7IP MIRAMAR, FL 33023 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

SIGNATURE:

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

1954)981-1671