

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

1/1

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-08-2003 90044 012 ****61.25

DOCUMENT # 711264

1. Entity Name
FLORIDA CITY METHODIST CHURCH, INC.



Principal Place of Business Mailing Address
145 S.W. 5 AVENUE P.O. BOX 343235
FLORIDA CITY FL 33034 FLORIDA CITY FL 33034
US



CHECK HERE IF MAKING CHANGES

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 **59-6197614** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
CHANDLER, JAMES L
19325 S.W. 344 STREET
HOMESTEAD FL 33034

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME | D CHANDLER, JAMES <input type="checkbox"/> Delete |
| STREET ADDRESS | 19325 S.W. 344 STREET |
| CITY-ST-ZIP | HOMESTEAD FL |
| TITLE NAME | D DEMPSEY, BARBARA <input type="checkbox"/> Delete |
| STREET ADDRESS | 829 SW 2ND STREET |
| CITY-ST-ZIP | FLORIDA CITY FL 33034 |
| TITLE NAME | D TORRES, RAYMOND K. <input type="checkbox"/> Delete <i>Delete</i> |
| STREET ADDRESS | 405 SW 7TH COURT |
| CITY-ST-ZIP | FLORIDA CITY FL 33034 |
| TITLE NAME | D AMECK, LORRAINE <input type="checkbox"/> Delete |
| STREET ADDRESS | 35303 SW 180 AVE LT 339 |
| CITY-ST-ZIP | FLORIDA CITY, FL 33034 |
| TITLE NAME | D DEMPSEY, RONNIE C. <input type="checkbox"/> Delete |
| STREET ADDRESS | 553 SW 6th STREET |
| CITY-ST-ZIP | FLORIDA CITY, FL 33034 |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *James L. Chandler* 1/6/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/6/03 Daytime Phone #

CR2E037 (10/02)