

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

FILED
Jul 16, 2002 8:00 am
Secretary of State

06-25-2002 90452 010 ****66.25

DOCUMENT # **114034**
1. Entity Name
**MIAMI-DADE Fellowship of Churches
of South Florida**

- 38788

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15485 Eagle Nest Ln
Suite, Apt. #, etc.
220
City & State
Miami Lakes, FL
Zip
33014 Country
DADE

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
FL
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0720260 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Rev Tommy Watson
Street Address (P.O. Box Number is Not Acceptable)
14588 S.W. 142nd Cir So.
City
Miami FL Zip Code
33186

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

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Rev. Tommy Watson 14588 S.W. 142nd Cir So. Miami, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Charles Kock 9831 S.W. 190th Miami, FL 33170	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Rev. Eduardo Cordova 824 W. Palm Ave. Flor. 33034 Florida City, FL 33034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Rose + DUS 14931 N.W. 27th Oph Lockey, FL 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Martha Gonzalez 15485 Eagle Nest Ln Miami Lakes, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: **Martha Gonzalez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/02 (305) 431-0292
Date Daytime Phone #

CR2E037B (12/01)