## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with a

SIGNATURE:

## FILED **DOCUMENT # 714134** Jul 25, 2000 8:00 am 1. Entity Name **Secretary of State** MIAMI LAKES UNITED METHODIST CHURCH, INCORPORATE 07-25-2000 90098 047 \*\*\*\*70.00 Principal Place of Business Mailing Address 14800 NW 67 AVE. 14800 NW 67 AVE. MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 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 59-1285497 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-\_ 6. Name and Address of Current Registered Agent steve Street Address (P.O. Box Number is Not Acceptable) BARON, JOHN W 6870 MIAMI LAKES DRIVE MIAMI LAKES FL 33014 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** FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 3%# ⇒OFFICERS AND DIRECTORS 11. SD Delete TITLE TITLE ☐ Change WATTERS, DICK NAME NAME STREET ADDRESS 17927 NW 66 COURT CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33015** VD. Addition 🔀 TITLE Detete TITLE ☐ Change MERRITT, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 14740 HARRIS PLACE 40 N. W. 65 CITY-ST-ZIP = CITY-ST-ZIP MIAMI LAKES FL n Change Change Addition TITLE ☐ Delete TITLE NOBLE, ALICE MARIE NAME NAME STREET ADDRESS 17411 N.W. 62ND CT. STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP HIALEAH FL PD Delete TITLE ☐ Change Addition BARON, JOHN W NAME STREET ADDRESS STREET ADDRESS 6870 MIAMI LAKES DR CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 TITLE ☐ Delete TITLE \_\_\_ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 final 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 trystee empowered to execute this people as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if