

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91699 048 ****70.00

DOCUMENT # 714134

1. Entity Name

**MIAMI LAKES UNITED METHODIST CHURCH, INCORPORATE
D**

Principal Place of Business

Mailing Address

**14800 NW 67 AVE.
MIAMI LAKES FL 33014**

**14800 NW 67 AVE.
MIAMI LAKES FL 33014**

00140004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1285497

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLACK, STEVE
1157 LONGBOAT DRIVE
COOPER CITY FL 33026**

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.

SIGNATURE

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

(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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD
BLACK, STEVE**
STREET ADDRESS **1157 LONGBOAT DRIVE**
CITY-ST-ZIP **COOPER CITY FL 33026**

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

TITLE ☒ Delete
NAME **VD
REHM, KEN**
STREET ADDRESS **7136 LAUREL LANE**
CITY-ST-ZIP **HIALEAH FL 33014**

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

TITLE ☐ Delete
NAME **SD
STERNER, JAYNE**
STREET ADDRESS **6720 BROOKLINE DRIVE**
CITY-ST-ZIP **MIAMI LAKES FL 33015**

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

TITLE ☐ Delete
NAME **D
CLARKE, BILL**
STREET ADDRESS **6970 NW 186TH STREET, #110**
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D
MERRITT, PAUL**
STREET ADDRESS **14740 HARRIS PLACE**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE ☐ Delete
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 lines empowered.

SIGNATURE:

SIGNATURE REQUIRED

5/2/02

Date

Daytime Phone #

(805) 882-8200

CR2E037 (9/01)