2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State
05-17-2004 90009 036 ****70.00

DOCUMENT # 714134

1. Entity Name

MIAMI LAKES UNITED METHODIST CHURCH, INCORPORATED

d40 15815

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
14800 NW 67 AVE. MIAMI LAKES FL 33014	14800 NW 67 AVE. MIAMI LAKES FL 33014

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 59-1285497 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLACK, STEVE
1157 LONGBOAT DRIVE
COOPER CITY FL 33026

7. Name and Address of New Registered Agent

Name: Barbara Baron

Street Address (P.O. Box Number is Not Acceptable): 6870 Miami Lakes Dr.

City: Miami Lakes **FL** Zip Code: 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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STERNER, JAYNE 6720 BROOKLINE DRIVE MIAMI LAKES FL 33015	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hans Schmal 18332 NW 68 AVE Miami Lakes, FL 33015	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MERRITT, PAUL 14740 HARRIS PLACE MIAMI LAKES FL 33014	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAIG SPIERING 14231 Lake Sarnac Ave. Miami Lakes, FL 33014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DURR, JIM 17920 NW 80TH AVENUE HIALEAH FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARBARA BARON 6870 Miami Lakes DR. Miami Lakes, FL 33014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RACE, JASON 6460 MAIN STREET #5-110 HIALEAH FL 33014	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Barbara H. Baron Barbara H. Baron 5/11/04 305-821-9411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #