

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90012 050 ****70.00

DOCUMENT # 714134

1. Entity Name

**MIAMI LAKES UNITED METHODIST CHURCH,
INCORPORATED**



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

**BARON, JOHN
6870 MIAMI LAKES DR
HIALEAH FL 33014**

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

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, 2007**

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: D ☐ Delete
NAME: BARON, JOHN
STREET ADDRESS: 6870 MIAMI LAKES DR
CITY- ST- ZIP: MIAMI LAKES FL 33014

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

TITLE: P ☐ Delete
NAME: MCNATT, JAN
STREET ADDRESS: 14530 SABAL DR
CITY- ST- ZIP: MIAMI LAKES FL 33014

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

TITLE: SD ☐ Delete
NAME: WINE, STEVE
STREET ADDRESS: 6930 HOLLY ROAD
CITY- ST- ZIP: MIAMI LAKES FL 33014

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

TITLE: PD ☐ Delete
NAME: BARON, BARBARA
STREET ADDRESS: 6870 MIAMI LAKES DRIVE
CITY- ST- ZIP: HIALEAH FL 33014

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

TITLE: D ☒ Delete
NAME: FARINAS, YALIER
STREET ADDRESS: 7210 MIAMI LAKEWAY SOUTH
CITY- ST- ZIP: MIAMI LAKES FL 33014

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07 305-821-9411

Date Daytime Phone #