

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714134

FILED
Aug 13, 2009
Secretary of State

Entity Name: MIAMI LAKES UNITED METHODIST CHURCH, INCORPORATED

Current Principal Place of Business:

14800 NW 67 AVE.
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

14800 NW 67 AVE.
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 59-1285497 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARON, JOHN
Address: 6870 MIAMI LAKES DR
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: MCNATT, JAN
Address: 14530 SABAL DR
City-St-Zip: MIAMI LAKES, FL 33014

Title: SD () Delete
Name: WINE, STEVE
Address: 6930 HOLLY ROAD
City-St-Zip: MIAMI LAKES, FL 33014

Title: PD () Delete
Name: BARON, BARBARA
Address: 6870 MIAMI LAKES DRIVE
City-St-Zip: HIALEAH, FL 33014

Title: D () Delete
Name: WATTERS, RICHARD
Address: 17927 N.W. 66 CT CIRCLE
City-St-Zip: MIAMI LAKES, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BLACK, STEVE
Address: 19955 SW 3RD PL
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BARON

PRES

08/13/2009

Electronic Signature of Signing Officer or Director

Date