

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90088 046 \*\*\*\*61.25

**DOCUMENT # 726566**

1. Entity Name

**SHENANDOAH PRESBYTERIAN CHURCH IN AMERICA, INC.**

Principal Place of Business

Mailing Address

2150 S.W. 8TH STREET  
 MIAMI FL 33135

2150 S.W. 8TH STREET  
 MIAMI FL 33135-3320

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0737909**

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**

**MARTIN, PETER R**  
**1241 SW 106 TERRACE**  
**MIAMI FL 33186**

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 **SD**  Delete  
 NAME **MEEKS, CARL V.**  
 STREET ADDRESS **7301 SW 35 ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **VD**  Change  Addition  
 NAME **MEEKS CARL V.**  
 STREET ADDRESS **7301 S.W. 35 ST.**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **VPD**  Delete  
 NAME **KING, GLENN L**  
 STREET ADDRESS **12400 SW 109 AVE**  
 CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **SD**  Change  Addition  
 NAME **KING, GLENN L.**  
 STREET ADDRESS **12400 SW 109 AVE**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **TD**  Delete  
 NAME **TYLER, HOWARD A.**  
 STREET ADDRESS **3250 S.W. 58 CT.**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **MARTIN, PETER R**  
 STREET ADDRESS **12421 SW 106 TERR**  
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **HAMILTON, MRS. SAM**  
 STREET ADDRESS **4210 ANDERSON RD**  
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 like empowered.

SIGNATURE: *Carl V. Meeks* (**CARL V. Meeks**) V.D. 05/03/00 305-264-8054  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)