

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90116 015 \*\*\*\*61.25

**DOCUMENT # 726566**

1. Entity Name

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



Principal Place of Business

**2150 S.W. 8TH STREET  
MIAMI FL 33135**

Mailing Address

**2150 S.W. 8TH STREET  
MIAMI FL 33135**

2. Principal Place of Business

3. Mailing Address

**7301 S.W. 35 ST.**

Suite, Apt. #, etc.

**90 C.V. MEEKS**

City & State

**MIAMI FL**

Zip

**33155-3609**

Country

**FLORIDA**

4. FEI Number **59-0737909**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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**

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 **VD** ☐ Delete  
NAME **MEEKS, CARL V.**  
STREET ADDRESS **7301 SW 35 ST**  
CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE **SD** ☐ Delete  
NAME **KING, GLENN L**  
STREET ADDRESS **5349 FIRETHORN PT**  
CITY-ST-ZIP **BROOKSVILLE FL 34609**

TITLE **D** ☒ Change ☐ Addition  
NAME **KING, GLENN L.**  
STREET ADDRESS **5349 FIRETHORN PT**  
CITY-ST-ZIP **BROOKSVILLE FL 34609**

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 **SD** ☒ Change ☐ Addition  
NAME **HAMILTON, MRS. SAM**  
STREET ADDRESS **4210 ANDERSON RD**  
CITY-ST-ZIP **CORAL GABLES, FL**

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** **Jan 20, 2003 305-264-8054**

CR2E037 (10/02)