

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90122 012 ****61.25

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DOCUMENT # 728249

1. Corporation Name

RADER MEMORIAL UNITED METHODIST CHURCH, INC.

147774-90122-12

Principal Place of Business

205 NE 87TH ST.
MIAMI FL 33138

Mailing Address

205 NE 87TH ST.
MIAMI FL 33138



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/15/1974

4. FEI Number

59-0725549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PEREZ, RAYMOND
180 NE 128TH TERRACE
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME OLSEN, DAVID
STREET ADDRESS 205 NE 87TH ST.
CITY-ST-ZIP MIAMI FL

TITLE VD
NAME BIGELOW, JOHN
STREET ADDRESS 2174 NE 174TH STREET
CITY-ST-ZIP MIAMI FL

TITLE SD
NAME CASTERLINE, PATRICIA A
STREET ADDRESS 10721 N.W. 3RD COURT
CITY-ST-ZIP MIAMI FL

TITLE MD
NAME BIGELOW, SUE
STREET ADDRESS 2174 NE 174TH STREET
CITY-ST-ZIP MIAMI FL

TITLE MD
NAME KENNEDY, L.D.
STREET ADDRESS 156 NW 90TH ST
CITY-ST-ZIP EL PORTAL FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME Ray, Patricia A
3.3 STREET ADDRESS 15636 N.E. 2nd Ave
3.4 CITY-ST-ZIP Miami FL 33162

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

David Olsen 2/4/99 305-758-2521