

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90357 018 ****61.25

DOCUMENT # 728249

1. Entity Name

RADER MEMORIAL UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

205 NE 87TH ST.
 MIAMI FL 33138

205 NE 87TH ST.
 MIAMI FL 33138

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0725549

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

OLSEN, DAVID C
15475 NW 2ND CT
MIAMI FL 33169

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

3-28-02

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **BENNETT, GEORGE**
 CITY-ST-ZIP **10007 NE 4TH AVE**
MIAMI FL 33138

TITLE ☐ Change ☒ Addition
 NAME **MD**
 STREET ADDRESS **Leslie Donahay**
 CITY-ST-ZIP **582 NE 107th Street**
Miami, FL 33161

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **RAY, STEVEN**
 CITY-ST-ZIP **15636 NE 2ND AVE**
MIAMI FL 33162

TITLE ☐ Change ☒ Addition
 NAME **MD**
 STREET ADDRESS **Susan Johnston**
 CITY-ST-ZIP **15555 NE 5th Court**
Miami, FL 33162

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **RAY, PATRICIA A**
 CITY-ST-ZIP **15636 NE 2ND AVE**
MIAMI FL 33162

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

TITLE ☐ Delete
 NAME **MD**
 STREET ADDRESS **DAVIS, DAWN**
 CITY-ST-ZIP **110 NE 187TH ST**
MIAMI FL 33179

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

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

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

TITLE ☒ Delete
 NAME **MD**
 STREET ADDRESS **PEREZ, RAYMOND V**
 CITY-ST-ZIP **180 NE 128TH TERR**
MIAMI FL 33161

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:

SIGNATURE REQUIRED
DAVID C. OLSEN **3-28-02** **305-521-1692**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)