

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90171 005 ****61.25

DOCUMENT # 728249

1. Entity Name

RADER MEMORIAL UNITED METHODIST CHURCH, INC.



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

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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

04/13/03

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
NAME **SD**
STREET ADDRESS **Cynthia Saulan**
CITY-ST-ZIP **10738 NE 3rd Ct. Miami FL 33161**

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

TITLE ☐ Change ☒ Addition
NAME **MD**
STREET ADDRESS **Garland Pike**
CITY-ST-ZIP **276 NE 116th St 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

04/13/03

305-758-2521

CR2E037 (10/02)