

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744109

1. Entity Name

THE FIRST UNITED METHODIST CHURCH OF SOUTH MIAMI

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90039 007 ****61.25

Principal Place of Business 6565 RED RD. MIAMI FL 33143 US	Mailing Address 6565 RED RD. MIAMI FL 33143 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Church (same)	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-0791020	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
------------------------------------	---	--

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

BURKE, MARTA J
8104 SW 102 ST
MIAMI FL 33563

7. Name and Address of New Registered Agent

Name **Same**

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 *Marta J Burke*

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BURKE, REV DR MARTHA	
STREET ADDRESS	8104 SW 102ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, HENRY L	
STREET ADDRESS	12841 SW 68TH AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	NILSSON, JEFF	
STREET ADDRESS	14534 SW 80TH STREET	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, ELIZABETH S.	
STREET ADDRESS	615 GONDOLIERE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PRIESTER, MARY	
STREET ADDRESS	7275 SW 138 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	COOPER, POLLY L.	
STREET ADDRESS	5776 SW 74 TERRACE	
CITY-ST-ZIP	S. MIAMI FL 33143	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	No change	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER/Thomas	
STREET ADDRESS	5851 S. W. 87th St.	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER/Polly	
STREET ADDRESS	5851 S. W. 87th St.	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRIX/Nora	
STREET ADDRESS	3898 N.W. First St.	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNER/Becky	
STREET ADDRESS	5705 S. W. 107th Pl.	
CITY-ST-ZIP	Miami, FL 33173	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES/Robert	
STREET ADDRESS	7400 S. W. 82nd St. (#K407)	
CITY-ST-ZIP	Miami, FL 33143	

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: *Marta J Burke*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)