

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

0091753

03-30-2001 90330 016 \*\*\*\*\*61.25

**DOCUMENT # 744109**

1. Entity Name

**THE FIRST UNITED METHODIST CHURCH OF SOUTH MIAMI**

Principal Place of Business

Mailing Address

6565 RED RD.  
 MIAMI FL 33143  
 US

6565 RED RD.  
 MIAMI FL 33143  
 US

**639385**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

same

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

59-0791020

Applied For

Not Applicable

Zip

33143

Country

USA

Zip

33143

Country

USA

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

~~BURKE, MARTA J~~  
 8104 SW 102 ST  
 MIAMI FL 33563

Rev. Michael T. Hutcherson  
 33156

Name (same as indicated)

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

Julia Avila

January 2001

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD BURKE, REV DR MARTHA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8104 SW 102ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	D COOPER, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	5851 SW 87TH ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE NAME	D COOPER, POLLY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5851 SW 87TH ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE NAME	D HENDRIX, NORA	<input type="checkbox"/> Delete
STREET ADDRESS	3898 NW FIRST ST	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE NAME	S TANNER, BECKY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5705 SW 107TH PL	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE NAME	T YATES, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	7400 SW 82ND ST K407	
CITY-ST-ZIP	MIAMI FL 33143	

TITLE NAME	Rev. Michael T. Hutcherson	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8104 S. W. 102nd St.	
CITY-ST-ZIP	Miami, FL 33156	
TITLE NAME	Stays in record - Chairman Board of Trustees	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Stays in record - Chairperson Administrative Council	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Julia Avila - Office Mgr.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8567 Coral Way - #314	
CITY-ST-ZIP	Miami, FL 33155	
TITLE NAME	Stays in record - Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Julia Avila*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 667-7508

Date

Daytime Phone #

CR2E037 (10/00)