

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758042

1. Entity Name

MIAMI URBAN MINISTRIES OF UNITED METHODIST CHURCH

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90103 045 ****61.25

Principal Place of Business	Mailing Address
C/O RIVERSIDE METHODIST 985 NW 1ST ST MIAMI FL 33128 US	P.O. BOX 142121 CORAL GABLES FL 33114-2121



DO NOT WRITE IN THIS SPACE

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	Applied For
65-0716969	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

HOFFMAN, CAROL
4740 ALTON RD.
MIAMI URBAN MINISTRIES
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name: KREHBIEL, SUSAN
Street Address (P.O. Box Number is Not Acceptable): MIAMI URBAN MINISTRIES
985 NW 1ST ST
City: MIAMI FL Zip Code: 33128

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: Susan K. Krehbiel SUSAN K. KREHBIEL, EX-DIRECTOR 4/28/00
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 NAME STREET ADDRESS CITY-ST-ZIP	C ANDERSON, GEOFF 5767 NW 98TH CT MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, SANTIAGO 20190 SW 286 ST HOMESTEAD FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALICEA, ANN 77 NW 106 ST MIAMI SHORES FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEPPMAN, ED 661 71ST ST MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TWITCHELL, ALMA 971 NE 115 ST MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, ESTHER 20740 OLD CUTTER ROAD MIAMI FL 33189 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MC NEIL, CLAUDETTE 18441 NW 10 AVE MIAMI, FL 33168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DOWNES, PATRICIA 900 NE 132 ST. MIAMI, FL 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY HAWTHORNE, PAT 6860 SW 45 LN, Apt. 2 MIAMI, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CAMPBELL-EVANS, CLARKE 2850 SW 27TH AVE MIAMI, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARDNER, MARTHA D 18821 NW 42 CT MIAMI, FL 33055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBINSON, ESTHER 20740 OLD CUTLER RD. MIAMI, FL 33189 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Susan K. Krehbiel SECRETARY 4-29-00 305-284-3965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)