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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Jun 24, 1999 8:00 am \$ Secretary of State

06-24-1999 90008 041 ****61.25

| DOC | JMENT# | 760347 |
|-----|--------|--------|

1. Corporation Name

KENDALE FAITH UNITED METHODIST CHURCH, INC.

Principal Place of Business 12601 SW 72 ST

2. Principal Place of Business

Mailing Address

MIAMI FL 33183

12601 SW 72 ST MIAMI FL 33183

2a. Mailing Address

3. Date incorporated or Qualifed

| 21 | | • | | 26 | | | | 10/08/19 | 181 | | | |
|----------|--|-----------------------|---------------------------------------|-------------------------------|------------------|--------------|---|------------------------|---------------------|-------------|----------|------------|
| 2.1 | Suite, Apt. i | #, etc. | | Suite, | Apt. #, etc. | | | 4. FEI Numbe | | | Арр | lied For |
| 22 | | 27 | | | | | | 59-23499 | 923 | _ ; | Not | Applicable |
| | City & State | | | | | | 5 Cortifonto o | of Status Desired | | \$8.75 A | | |
| 23 | | 28 | | | | | 5. Certificate of Status Desired Fee Required | | | | | |
| , | Zip | | | | Country | | 6. Election Ca | mpaign Financing | | \$5.00 N | May Be | |
| 24 | | 25 29 30 | | | | | Trust Fund | Contribution | <u></u> | Added to | Fees | |
| | | 9. Name | and Address of C | urrent Registered | Agent | | | 10. Name and | Address of New R | egistered A | gent | |
| | | | | | | 81 | Name 'L | Porrett | B007 | the, | | |
| | DUBOSE, | STEVE | | | | 82 | Street Ad | dress (P.O. Box Nur | nber is Not Accepta | ble | | |
| | 6825 S.W. | | | | | | 170 | | 109 | | | |
| | MIAMI FL | | | | | 83 | | | | | | |
| | 1410 July 1 C 4 | 30 100 | | | | - | 0% 1 | 1. | | | 85 Zip C | ode |
| 1 | | | | | | 84 | City | liami | | FL | 1 3 | 3757 |
| 11 | 44. 2 | | | | | | | | | | | egistered |
| | office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, a fieleby accept the appointment as registered | | | | | | | | | | | |
| | agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes. | | | | | | | | | | | |
| SI | GNATURE | Signature, typed | or printed name of register | red agent and the if applicat | | | nt signature requ | ired when reinstating) | | DATE | | <u> </u> |
| 12 | | | | RS AND DIRECTOR | | 13. | | ADDITIONS | CHANGES TO OF | FICERS AN | DIRECTOR | RS IN 12 |
| ŦIT | LE | D | | | ☐ DELETE | 1.1 TITLE | | | | | ☐ Change | Addition |
| NAI | ME | DOMINIQU | ue, gene | | | 1.2 NAME | | | | | | |
| l เรา | REET ADDRESS | | CALUSIA CLUB I | DRIVE | | 1.3 STREE | (ADDRESS | | | | | |
| 1 | Y-ST-ZIP | MIAMI FL | | | | 1.4 CITY-S | T-ZIP | | _ | | | |
| TIT | | D . | | | DELETE | 2.1 TITLE | | | | | Change | ☐ Addition |
| NA. | ME | ASHTON, | DONALD | | | 2.2 NAME | | | | | | |
| | REET ADDRESS | 40-00 DAL 440 TERRIDO | | | 2.3 STF | | T ADDRESS | | | | | |
| 1 | Y-ST-ZIP | MIAMI FL | | | 2. 4 CITY-ST-ZIP | | ST-ZIP | | | | | |
| TIT | | D | | | DELETE | 3.1 TITLE | | | ~ | | Change | |
| NA | | LEGGE, V | | J | | 3.2 NAME | | | | | | Ì |
| | REET ADDRESS | | 129 PLACE | | | 3.3 STREE | TADDRESS | | | | | |
| | Y-ST-ZIP | | 00000 33175 | | | 3.4. CITY-5 | 1 | | | | | |
| TIT | | D | , , , , , , , , , , , , , , , , , , , | | ☐ DELETE | 4.1 TITLE | | | | | Change | Addition |
| NA. | | _ | N, JORGE | | | 4. 2 NAME | | | | | | |
| | REET ADDRESS | | V 52 TERRACE | | | 4.3 STREE | TADDRESS | | | | | |
| | Y-ST-ZIP | | EAD FL 33185 | | | 4.4 CITY - S | | | | | _ | |
| _ | Τ-SI-ΔΡ LE | D | <u></u> | | ☐ DELETE | 5.1 TITLE | | | | | Change | Addition |
| Į | ME . | - | DORRETT | | | 5.2 NAME | | | | | | |
| | REET ADDRESS | 17044 SV | | | | 5.3 STREE | TADORESS | | | | | 1 |
| [| Y-ST-ZIP | MIAMI FL | | | | 5.4 CITY- S | Y-ZIP | | | | | _] |
| 717 | | D | - 00 101 | | ☐ DELETE | 6.1 TITLE | | | | | ☐ Change | ☐ Addition |
| i | ME | REYES, E | :n | | | 6.2 NAME | | | | | | |
| | REET ADORESS | | . 218 TERR | | | 6.3 STREE | T ADDRESS | | | | | |
| ł | | | 10 14/111 | | | 6.4 CITY-S | IT-ZIP | | | | | |
| ł | Y-ST-ZIP | MIAMI FL | | | | 6.4 CITY-S | T-ZIP | | | | | İ |

14. 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 annual report or supplemental annual 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 12 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: