

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760347

1. Entity Name

KENDALE FAITH UNITED METHODIST CHURCH, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90184 015 ****61.25

Principal Place of Business

Mailing Address

12601 SW 72 ST
MIAMI FL 33183

12601 SW 72 ST
MIAMI FL 33183-2517

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

59-2349923

Applied For

Not Applicable

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

BOOTHE, DORRETE
17044 SW 109 CT
MIAMI FL 33157

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.

SIGNATURE

Dorrete Boothe, Registered Agent

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	D	<input checked="" type="checkbox"/> Delete
NAME	DOMINIQUE, GENE	
STREET ADDRESS	12970 N CALUSIA CLUB DRIVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEGGE, V	
STREET ADDRESS	4350 SW 129 PLACE	
CITY-ST-ZIP	MIAMI, FL 00000 33175	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BACHMAN, JORGE	
STREET ADDRESS	15323 SW 52 TERRACE	
CITY-ST-ZIP	HOMESTEAD FL 33185	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOOTHE, DORRETT	
STREET ADDRESS	17044 SW 109	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REYES, ED	
STREET ADDRESS	9985 S.W. 218 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Boothe, Graham	
STREET ADDRESS	11525 SW 139 Terrace	
CITY-ST-ZIP	Miami, Fl. 33157	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Colon, Brian	
STREET ADDRESS	18303 S.W. 149 Place	
CITY-ST-ZIP	Miami, Fl. 33187	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Godwin, Shiner	
STREET ADDRESS	7455 SW 127 Court	
CITY-ST-ZIP	Miami, Fl. 33183	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Segura, Florbel	
STREET ADDRESS	12865 SW 64 Lane	
CITY-ST-ZIP	Miami, Fl. 33183	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sowers, Bill	
STREET ADDRESS	15435 SW 73 Lane #5	
CITY-ST-ZIP	Miami, Fl. 33193	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jackman, Frank	
STREET ADDRESS	18480 SW 77 Court	
CITY-ST-ZIP	Miami, Fl. 33157	

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: Bill Sowers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

Date

(305) 3964498

Daytime Phone #

CR2E037 (9/99)