

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91628 001 ****61.25

DOCUMENT # 760347

1. Entity Name

KENDALE FAITH UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

**12601 SW 72 ST
 MIAMI FL 33183**

**12601 SW 72 ST
 MIAMI FL 33183**

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

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** ☒ Delete
 NAME **BOOTHE, GRAHAM**
 STREET ADDRESS **11525 SW 139 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☒ Addition
 NAME **Frank Sackman**
 STREET ADDRESS **18480 SW 77 CT**
 CITY-ST-ZIP **Miami, FL 33157**

TITLE **D** ☐ Delete
 NAME **LEGGE, V**
 STREET ADDRESS **4350 SW 129 PLACE**
 CITY-ST-ZIP **MIAMI, FL 00000 33175**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **COLON, BRIAN**
 STREET ADDRESS **18303 SW 149 PLACE**
 CITY-ST-ZIP **MIAMI FL 33187**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BOOTHE, DORRETT**
 STREET ADDRESS **17044 SW 109**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GODWIN, SHINER**
 STREET ADDRESS **7455 SW 127 CT**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SEGURA, FLORBEL**
 STREET ADDRESS **12865 SW 64 LANE**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Change ☐ Addition
 NAME
 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)