

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 760347	
1. Entity Name KENDALE FAITH UNITED METHODIST CHURCH, INC.	

Principal Place of Business 12601 SW 72 ST MIAMI, FL 33183	Mailing Address 12601 SW 72 ST MIAMI, FL 33183
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DO NOT WRITE IN THIS SPACE



03112003 No Chg-NP CR2E037 (10/03)

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

BOOTHE, DORRETT
17044 SW 109 CT
MIAMI, FL 33157

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when rehashing) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKMAN, FRANK 18480 SW 77 CT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEILL, JUSITH 4871 SW 154TH AVE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLON, BRIAN 18303 SW 149 PLACE MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOTHE, DORRETT 17044 SW 109 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODWIN, SHINER 7455 SW 127 CT MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DACOSTA, DHRILEY 9660SW 155TH AVE MIAMI, FL 33196

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05/24/04-80001-014 61.25

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IN THIS SPACE**

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: Dorrett Bothe 5/17/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Committee Chair Date _____ Daytime Phone # _____