

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90027 049 \*\*\*\*61.25

<b>DOCUMENT # 760347</b> 1. Entity Name <b>KENDALE FAITH UNITED METHODIST CHURCH, INC.</b>					
Principal Place of Business <b>12601 SW 72 ST MIAMI, FL 33183</b>			Mailing Address <b>12601 SW 72 ST MIAMI, FL 33183</b>		
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 <b>59-2349923</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BOOTHE, DORRETT 17044 SW 109 CT MIAMI, FL 33157</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> <div style="float: right;">DATE _____</div>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KNIGHT, ANITA</b>		NAME		
STREET ADDRESS	<b>6634 SW 136TH COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33183</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>O'NEILL, JUDITH</b>		NAME		
STREET ADDRESS	<b>4871 SW 154TH AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33196</b>		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>COLON, BRIAN</b>		NAME	<b>Frank Jackman</b>	
STREET ADDRESS	<b>18303 SW 149 PLACE</b>		STREET ADDRESS	<b>12350 SW 123 Passage</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33187</b>		CITY-ST-ZIP	<b>Miami, FL 33186</b>	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOOTHE, DORRETT</b>		NAME		
STREET ADDRESS	<b>17044 SW 109 COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33157</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SKORUPSKI, CONNIE</b>		NAME		
STREET ADDRESS	<b>8430 SW 122 STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33156</b>		CITY-ST-ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>DACOSTA, DHIRLEY</b>		NAME	<b>Valerie Lewis</b>	
STREET ADDRESS	<b>9660SW 155TH AVE</b>		STREET ADDRESS	<b>7450 SW 163 Court</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33196</b>		CITY-ST-ZIP	<b>Miami FL 33193</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Dorretta Boote</i></u> Treasurer <u>7/4/06</u> (305) <u>596-4498</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					