

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760347

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** KENDALE FAITH UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

12601 SW 72 ST  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

12601 SW 72 ST  
MIAMI, FL 33183

**New Mailing Address:**

**FEI Number:** 59-2349923

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOOTHE, DORRETT  
17044 SW 109 CT  
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KNIGHT, ANITA  
Address: 6634 SW 136TH COURT  
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete  
Name: BOOTHE, DORRETT  
Address: 17044 SW 109 COURT  
City-St-Zip: MIAMI, FL 33157

Title: D (X) Delete  
Name: SKORUPSKI, CONNIE  
Address: 8430 SW 122 STREET  
City-St-Zip: MIAMI, FL 33156

Title: T ( ) Delete  
Name: DACOSTA, DHIRLEY  
Address: 9660SW 155TH AVE  
City-St-Zip: MIAMI, FL 33196

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORRETT BOOTHE

D

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date