

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767058

1. Entity Name

MIAMI-DADE CHURCH OF CHRIST, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90007 013 ****70.00

Principal Place of Business

Mailing Address

10250 S.W. 107TH AVE
MIAMI FL 33176

10250 S.W. 107TH AVE
MIAMI FL 33176-2701

2. Principal Place of Business

3. Mailing Address

9243 SW 182 Street
Suite, Apt. #, etc.

P.O. Box 570272
Suite, Apt. #, etc.

City & State

Miami, FL

Zip
32157

Country

USA

City & State

Miami, FL

Zip

33257-0272 Dade

Country

Dade

4. FEI Number

59-2476118

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUMNER, YANCEY III
7860 S.W. 129TH TERRACE
MIAMI FL 33156

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 MCLANE, RICHARD
STREET ADDRESS 10820 SW 61ST ST
CITY-ST-ZIP MIAMI FL 33173

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

TITLE D ☐ Delete
NAME DANTA, EDMUNDO
STREET ADDRESS 1031 SW 124CT
CITY-ST-ZIP MIAMI FL 33184

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

TITLE D ☐ Delete
NAME SHALLA, MILT
STREET ADDRESS 11910 SW 187 ST
CITY-ST-ZIP MIAMI FL 33177

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

TITLE DS ☐ Delete
NAME SUMNER, YANCEY
STREET ADDRESS 7860 SW 129TH TERR.
CITY-ST-ZIP MIAMI SPRINGS FL 33156

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

TITLE DP ☐ Delete
NAME CALDERON, VICTOR
STREET ADDRESS 11306 SW 125 PL
CITY-ST-ZIP MIAMI FL 33186

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

TITLE DP ☒ Delete
NAME BOOTHE, TOM
STREET ADDRESS 9221 S.W. 183 TERRACE
CITY-ST-ZIP MIAMI FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SUMNER III 6/28/00 305 593-2222

CR2E037 (9/99)