

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10449

1. Entity Name

LUDLAM CHRISTIAN CHURCH

Principal Place of Business

6790 S.W. 12TH ST.
MIAMI FL 33144

Mailing Address

6790 S.W. 12TH ST.
MIAMI FL 33144-4709

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

59-1174899

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

CHARLES MACWHORTER
8971 SW 72ND ST #324
MIAMI FL 33173

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 PD
NAME CHARLES MACWHORTER
STREET ADDRESS 8971 SW 72ND ST #324
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

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

TITLE VD
NAME LAWRENCE, JO ELLEN
STREET ADDRESS 8130 SW 14TH TERR
CITY-ST-ZIP MIAMI FL 33144 ☐ Delete

TITLE VD
NAME Lois MacWhorter
STREET ADDRESS 11066 SW 70 Lane
CITY-ST-ZIP Miami FL 33173 ☒ Change ☐ Addition

TITLE SD
NAME SMITH, MARY KAY
STREET ADDRESS 6726 SW 15 ST.
CITY-ST-ZIP MIAMI FL 33144 ☐ Delete

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

TITLE TD
NAME KAREN MACWHORTER
STREET ADDRESS 3731 SW 99TH CT
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE TD
NAME Karen MacWhorter
STREET ADDRESS 11066 SW 70 Lane
CITY-ST-ZIP Miami FL 33173 ☒ Change ☐ Addition

TITLE FS
NAME JOHNSON, MARION
STREET ADDRESS 3201 SW 5TH ST.
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Karen MacWhorter **SIGNATURE REQUIRED** Karen MacWhorter, Treasurer 4-18-2000 305 275 6362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (9/99)



DO NOT WRITE IN THIS SPACE