

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90052 012 ****61.25

DOCUMENT # C10449

1. Entity Name

LUDLAM CHRISTIAN CHURCH

Principal Place of Business

Mailing Address

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

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

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

**DUNBAR, MINNIE
 15530 SW 57TH ST
 MIAMI FL 33193**

7. Name and Address of New Registered Agent

Name **JO ELLEN LAWRENCE**

Street Address (P.O. Box Number is Not Acceptable)

8130 SW 14 TERR

City

MIAMI

FL

Zip Code

33144

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

Jo Ellen Lawrence

2-4-02

Signature, typed or printed name of registered agent and fee is 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DUNBAR, MINNIE	
STREET ADDRESS	15530 SW 57TH ST	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LAWRENCE, JO ELLEN	
STREET ADDRESS	8130 SW 14TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, MARY KAY	
STREET ADDRESS	6726 SW 15 ST.	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COX, LLOYD	
STREET ADDRESS	6774 SW 55 ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	FS	<input type="checkbox"/> Delete
NAME	JOHNSON, MARION	
STREET ADDRESS	3201 SW 5TH ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MODERATOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JO ELLEN LAWRENCE	
STREET ADDRESS	8130 SW 14 TERR	
CITY-ST-ZIP	MIAMI, FLA 33144	
TITLE	VICE MODERATOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVERLY ZELL	
STREET ADDRESS	8130 SW 14 TERR	
CITY-ST-ZIP	MIAMI, FLA 33144	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jo Ellen Lawrence

2-4-02 305-266-2167

CR2E037 (9/01)