

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 17, 2002 8:00 am**
Secretary of State

02-17-2002 90075 031 ****61.25

DOCUMENT # N01000007198

1. Entity Name

PINELANDS COMMUNITY MINISTRIES, INC.

Principal Place of Business

Mailing Address

**10201 BAHIA DRIVE
MIAMI FL 33189****10201 BAHIA DRIVE
MIAMI FL 33189**

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

65-1152347

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

**SAWYER, YVONNE
5026 SW 147TH PLACE
MIAMI FL 33185**

-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 \$61.259. 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 **CAMPBELL, MICHAEL**
STREET ADDRESS **10845 SW 166TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33157**TITLE **D** ☐ Change ☒ Addition
NAME **LOUIS COOPER**
STREET ADDRESS **10731 SW 155TH ST.**
CITY-ST-ZIP **MIAMI, FL 33157**TITLE **D** ☐ Delete
NAME **SQUIRRELL, MARK**
STREET ADDRESS **9871 CARIBBEAN DRIVE**
CITY-ST-ZIP **MIAMI FL 33189**TITLE **D** ☐ Change ☒ Addition
NAME **CHRISTINE WHALEN BARNHART**
STREET ADDRESS **8415 SW 208TH ST**
CITY-ST-ZIP **MIAMI, FL 33189**TITLE **D** ☐ Delete
NAME **MURPHY, JOHN**
STREET ADDRESS **21133 SW 85TH AVE #214**
CITY-ST-ZIP **MIAMI FL 33189**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CAMPBELL, GEORGE**
STREET ADDRESS **8650 SW 212TH ST #104**
CITY-ST-ZIP **MIAMI FL 33189**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SAWYER, YVONNE**
STREET ADDRESS **5026 SW 147TH PLACE**
CITY-ST-ZIP **MIAMI FL 33185**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ALAYON, CARLOS**
STREET ADDRESS **7144 SW 103RD CT CIRCLE**
CITY-ST-ZIP **MIAMI FL 33173**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 #

CR2E037 (9/01)