

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90154 035 \*\*\*\*61.25

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**DOCUMENT # N01000007198**

1. Entity Name

**PINELANDS COMMUNITY MINISTRIES, INC.**



Principal Place of Business

**10201 BAHIA DRIVE  
MIAMI FL 33189**

Mailing Address

**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

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida 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 **CHRISTINE BARNHART**  
STREET ADDRESS **8415 SW 208TH ST.**  
CITY-ST-ZIP **MIAMI, FL 33189**

TITLE **D** ☐ Delete  
NAME **SQUIRRELL, MARK**  
STREET ADDRESS **9871 CARIBBEAN DRIVE**  
CITY-ST-ZIP **MIAMI FL 33189**

TITLE **D** ☐ Change ☒ Addition  
NAME **FRAN MCCLUNE**  
STREET ADDRESS **7945 SW 173RD Terr.**  
CITY-ST-ZIP **MIAMI, FL 33157**

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-ZIP

TITLE **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-ZIP

TITLE **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-ZIP

TITLE **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:

**MARK SQUIRRELL**

05-02-03 305-285-1042

CR2E037 (10/02)