

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N26818

FILED  
Apr 28, 2003  
Secretary of State

Entity Name: KENDALL COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

8221 SW 138 AVE  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

8221 SW 138 AVE  
MIAMI, FL 33183

**New Mailing Address:**

FEI Number: 59-2818663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLANCO, RUDY  
8221 SW 138 AVE  
MIAMI, FL 33183 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GOMEZ, CARLOS  
Address: 6590 SW 152 PL  
City-St-Zip: MIAMI, FL 33193

Title: DP ( ) Delete  
Name: HURD, DOUG  
Address: 14310 SW 97 LN  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: BLANCO, RUDOLFO  
Address: 8221 SW 138 AVE.  
City-St-Zip: MIAMI, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP ( ) Change (X) Addition  
Name: GUERRA, NELSON  
Address: 9936 SW 154 CT  
City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS GOMEZ

DP

04/28/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date