

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90124 042 ****61.25

DOCUMENT # N30181

1. Entity Name

NORTH MIAMI AVENUE CHURCH OF CHRIST

Principal Place of Business

Mailing Address

13521 MEMORIAL HWY
 MIAMI FL 33161
 US

5 NW 164TH STREET
 MIAMI FL 33168
 US

2. Principal Place of Business

14601 N.W. 2nd Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI Florida

City & State

4. FEI Number

65-0078354

Applied For

Not Applicable

Zip

Country

Zip

Country

33168-2809

MIAMI-DADE

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

SHEWMAKER, FRED A
14601 NW 2ND AVE
MIAMI FL 33168-2809

Name **David A. Lucas**

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

5 NW 164 street

City **MIAMI**

FL

Zip Code

33169

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 **David A. Lucas** *David A. Lucas*

(NOTE: Registered Agent signature required when reinstating)

7-14-2002

DATE

After September 13, 2002,
min. will be \$236.25.

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	SD	<input type="checkbox"/> Delete
NAME	LUCAS, DAVID A. (SR)	
STREET ADDRESS	5 NW 164 ST.	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOLDER, CLARANCE J	
STREET ADDRESS	1634 NW 59 STREET APT 2	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PRENTICE, RONALD	
STREET ADDRESS	10335 NW 5 AVE	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LUCAS, THOMAS E	
STREET ADDRESS	5 NW 164 ST	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN D. FORD	
STREET ADDRESS	1230 N.E. 139 street Apt # 209	
CITY-ST-ZIP	NORTH MIAMI FLORIDA 33161	
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)(l), 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: *David A. Lucas* **David A. Lucas (SR)** **7-14-2002**

CR2E037 (4/02)