

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

Zip

Country

33168-2809

MIAMI-DADE

Zip

Country

4. FEI Number

65-0078354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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**

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE **SD** ☐ Delete
 NAME **LUCAS, DAVID A. (SR)**
 STREET ADDRESS **5 NW 164 ST.**
 CITY-ST-ZIP **MIAMI FL 33168**

TITLE **VD** ☒ Delete
 NAME **HOLDER, CLARANCE J**
 STREET ADDRESS **1634 NW 59 STREET APT 2**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE **PD** ☐ Delete
 NAME **PRENTICE, RONALD**
 STREET ADDRESS **10335 NW 5 AVE**
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE **TD** ☒ Delete
 NAME **LUCAS, THOMAS E**
 STREET ADDRESS **5 NW 164 ST**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☒ Addition
 NAME **STEVEN D. FORD**
 STREET ADDRESS **1230 NE. 139 street Apt # 209**
 CITY-ST-ZIP **NORTH MIAMI FLORIDA 33161**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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 (SR) **7-14-2002**

CR2E037 (4/02)