

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90069 043 ****61.25

DOCUMENT # N39260

1. Entity Name

CHRIST METROPOLITAN COMMUNITY CHURCH OF MIAMI, I

Principal Place of Business

7701 SW 76TH AVE
 MIAMI FL 33143

Mailing Address

7701 SW 76TH AVE
 MIAMI FL 33143-4125

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE.

4. FEI Number

23-7094353

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEAY, JERRY L REV.
 7701 SW 76TH AVE
 MIAMI FL 33143

7. Name and Address of New Registered Agent

Name *Mario Roth*
 Street Address (P.O. Box Number is Not Acceptable)
9233 SW 149 Place
 City *Miami* FL Zip Code *33196*

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 *Mario Roth, Mario Roth, Treasurer* DATE *4/30/00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

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	VD	<input type="checkbox"/> Delete
NAME	MACWHINNIE, KEVIN	<i>only title change</i> →
STREET ADDRESS	9406 SW 186 ST.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROTH, MARIO	
STREET ADDRESS	9233 SW 149TH PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROGALADO, ELIZABETH	
STREET ADDRESS	6751 SW 75 TERR.	
CITY-ST-ZIP	S. MIAMI FL 33143	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SEAY, REV JERRY L	
STREET ADDRESS	7701 SW 76TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig A Bulgar	
STREET ADDRESS	22540 SW Krome Avenue	
CITY-ST-ZIP	Redlands, FL 33170	
TITLE	SO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Mc Donald	
STREET ADDRESS	1925 Brickell Ave #1003	
CITY-ST-ZIP	Miami FL 33129	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth G Hardy	
STREET ADDRESS	6775 SW 51 STREET	
CITY-ST-ZIP	Miami FL 33155	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raymond E Paul	
STREET ADDRESS	11267 SW 169 STREET	
CITY-ST-ZIP	Miami FL 33157	
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)(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: *Mario Roth, Mario Roth, Treasurer* DATE *4/30/00* 305-284-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)