

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90116 001 \*\*\*\*61.25

**DOCUMENT # N40360**

1. Entity Name

**REDLAND COMMUNITY UNITED METHODIST CHURCH,  
INC.**



Principal Place of Business

Mailing Address

P.O. BOX 901094  
HOMESTEAD FL 33090-1094

P.O. BOX 901094  
HOMESTEAD FL 33090-1094

2. Principal Place of Business

3. Mailing Address

**18700 SW 248<sup>TH</sup> ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**HOMESTEAD FL**

Zip

Country

Zip

Country

**33090**

**USA**

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-1711122**

Applied For

Not Applicable

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

**FRANK R. BUSCH  
1766 NW 19TH ST.  
HOMESTEAD FL 33030**

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

*Frank R Busch*

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

(NOTE: Registered Agent signature required when reinstating)

**02-20-06**

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
GARCIA, SANTIAGO  
20190 SW 286TH ST  
HOMESTEAD FL 33030 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY I-D  
BARBARA HEAMS  
31395 SW 197 AV  
HOMESTEAD FL  
33030** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
MC CREARY, BILL  
628 NW 4TH ST.  
HOMESTEAD FL 33030 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TREASURER I-D  
VESTA RHODES  
18501 SW 152ND AV LOT 103  
HOMESTEAD FL  
33033** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
GOSNELL, BARBARA  
26575 SW 185 AVE.  
HOMESTEAD FL 33031 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SAM JERKINS  
19375 SW 264 TH ST  
HOMESTEAD FL  
33031** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
RHODES, VESTA  
18501 S.W. 152ND AVENUE, LOT 103  
HOMESTEAD FL ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Frank R Busch*

**FRANK R BUSCH 02-20-06 305-246-2255**