

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90010 011 ****70.00

DOCUMENT # N 47333
1. Entity Name
Miami District Board of Missions & Church Extension of The United Methodist Church, Inc.

Principal Place of Business **Mailing Address**
2850 SW 27 Ave **PO Box 144880**
Miami FL 33133 **Coral Gables FL 33134**

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number **Applied For**
59-0947725 **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
Robert Youngs	Name Craig Nelson
2121 Ponce de Leon Blvd, Suite 600	Street Address (P.O. Box Number is Not Acceptable) 18301 S Dixie Highway
Coral Gables FL 33134	City Miami FL Zip Code 33157

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 *Craig Nelson* **DATE** 6-7-00

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. <input type="checkbox"/> \$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 D <input checked="" type="checkbox"/> Delete NAME Alicia Baro STREET ADDRESS 15760 SW 148 Ter CITY-ST-ZIP Miami FL 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE P NAME Craig Nelson STREET ADDRESS 18301 S Dixie Highway CITY-ST-ZIP Miami FL 33157
TITLE D <input type="checkbox"/> Delete NAME Albert Blomquist STREET ADDRESS 536 Coral Way CITY-ST-ZIP Coral Gables FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE D NAME Clarke Campbell-Evans STREET ADDRESS 2850 SW 27 Ave CITY-ST-ZIP Miami FL 33133
TITLE T <input type="checkbox"/> Delete NAME Molly Johnson STREET ADDRESS 2850 SW 27 Ave CITY-ST-ZIP Miami FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE D NAME Clifford Patrick STREET ADDRESS 10066 W Indigo St CITY-ST-ZIP Miami FL 33157
TITLE D <input checked="" type="checkbox"/> Delete NAME Robert Parsons STREET ADDRESS 14800 NW 67 Ave CITY-ST-ZIP Miami Lakes FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE D NAME John Archer STREET ADDRESS 1810 Micanopy CITY-ST-ZIP Coconut Grove FL 33133
TITLE D <input checked="" type="checkbox"/> Delete NAME Deborah Weatherspoon STREET ADDRESS 5700 W 12 Ave CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE D NAME Mayda Mora STREET ADDRESS 1921 SW 82 Pl CITY-ST-ZIP Miami FL 33155
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE D NAME Rose Moorman STREET ADDRESS 820 NW 170 Ter CITY-ST-ZIP Miami FL 33169

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: *Molly Johnson* 6-7-00 305-445-9136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C-32E037 (9/99)

DOC#N47333

662467

ADDITIONAL DIRECTORS:

D
Fred Grantham Addition
17086 SW 112 Ct
Miami FL 33157

Emilio Chaviano Addition
1029 NW 135 Ct
Miami FL 33182

Elou Fleurine Addition
13611 SW 181 St
Miami FL 33177
