

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90115 041 ****70.00

DOCUMENT # N47333

1. Entity Name

MIAMI DISTRICT BOARD OF MISSIONS & CHURCH EXTENS

Principal Place of Business

2850 SW 27TH AVENUE
 MIAMI FL 33133
 US

Mailing Address

P O BOX 144880
 CORAL GABLES FL 33134
 US

723710



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0947725

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NELSON, CRAIG
 18301 S. DIXIE HWY
 MIAMI FL 33157

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MORA, MAYDA	
STREET ADDRESS	1921 SW 82 PL	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLOMQUIST, ALBERT	
STREET ADDRESS	536 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, MOLLY	
STREET ADDRESS	2850 SW 27 AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARCHER, JOHN	
STREET ADDRESS	1810 MICANOPY	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATRICK, CLIFFORD	
STREET ADDRESS	10066 W. INDIGO ST.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	P	<input type="checkbox"/> Delete
NAME	NELSON, CRAIG	
STREET ADDRESS	18301 S. DIXIE HWY	
CITY-ST-ZIP	MIAMI FL 33157	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Lutz	
STREET ADDRESS	7600 SW 104 ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cathy McCann	
STREET ADDRESS	5820 SW 87 ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARKE Campbell-EVANS	
STREET ADDRESS	2850 SW 27 Ave, 2nd Fl	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Emilio Chaviano	
STREET ADDRESS	1029 NW 135 ST	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED GRANTHAM	
STREET ADDRESS	17086 SW 112 CT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELOU FLEURINE	
STREET ADDRESS	13611 SW 181 ST	
CITY-ST-ZIP	MIAMI FL 33186	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)