

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-07-2002 90305 013 ****70.00

DOCUMENT # N47333

1. Entity Name

MIAMI DISTRICT BOARD OF MISSIONS & CHURCH EXTENSION OF THE UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

2850 SW 27TH AVENUE
 MIAMI FL 33133
 US

P O BOX 144880
 CORAL GABLES FL 33134
 US

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**NELSON, CRAIG
 18301 S. DIXIE HWY
 MIAMI FL 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

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

| | | |
|----------------|------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MORA, MAYDA | |
| STREET ADDRESS | 1921 SW 82 PL | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LUTZ, GEORGE | |
| STREET ADDRESS | 7600 SW 104 STREET | |
| CITY-ST-ZIP | MIAMI FL 33158 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | JOHNSON, MOLLY | |
| STREET ADDRESS | 2850 SW 27 AVE | |
| CITY-ST-ZIP | MIAMI FL 33133 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ARCHER, JOHN | |
| STREET ADDRESS | 1810 Micanopy | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | PATRICK, CLIFFORD | |
| STREET ADDRESS | 10086 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 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Michael HUTCHERSON | |
| STREET ADDRESS | 6565 Red Road | |
| CITY-ST-ZIP | CORAL GABLES FL 33143 | |
| 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 | STEVE DAVIS | |
| STREET ADDRESS | 5965 ALTON RD | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | John HARRINGTON | |
| STREET ADDRESS | 536 CORAL WAY | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DEL BUTCHER | |
| STREET ADDRESS | 11540 SW 81 TER | |
| CITY-ST-ZIP | MIAMI FL 33183 | |
| 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 | |

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 817, 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 REQUIRED

Molly N. Johnson 3-7-02 305-445-9136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)