

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-07-2002 90305 047 ****70.00

DOCUMENT # N49976

1. Entity Name

MIAMI DISTRICT TRUSTEES OF THE UNITED METHODIST CHURCH, INC.

Principal Place of Business 2850 S.W. 27TH AVENUE 2ND FLOOR MIAMI FL 33133	Mailing Address P.O. BOX 144880 CORAL GABLES FL 33114
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DO NOT WRITE IN THIS SPACE

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 59-0947725	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAMPBELL-EVANS, CLARKE 2850 SW 27 AVE MIAMI FL 33133		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, STEVE 2850 S.W. 27TH AVENUE, 2ND FLOOR MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOB SOVACCOOL 2850 SW 27 AVE, 2ND FL MIAMI FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMOND, CRAIG 2850 S.W. 27TH AVENUE, 2ND FLOOR MIAMI FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HARRY JORDAN 2850 SW 27 AVE, 2ND FL MIAMI FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, SHARON 2850 S.W. 27TH AVENUE, 2ND FLOOR MIAMI FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGUEL VELEZ 2850 SW 27 AVE, 2ND FL MIAMI FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, DAN 2850 S.W. 27TH AVENUE, 2ND FLOOR MIAMI FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEANNE BOOTH 2850 SW 27 AVE, 2ND FL MIAMI FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, RENE 133 PONCE DE LEON CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE LEE 2850 SW 27 AVE, 2ND FL MIAMI FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, NEVILLE 2850 S.W. 27TH AVENUE, 2ND FLOOR MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELINDA BACON 2850 SW 27 AVE, 2ND FL MIAMI FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 REQUIRED** _____ Date _____ 305-445-9136 Daytime Phone #

CR2E037 (9/01)