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2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

Feb 21, 2001 8:00 am Secretary of State DOCUMENT # **N97000002077** 1. Entity Name FREE METHODIST CHRISTIAN COMMUNITY CHURCH, INC. 02-21-2001 90052 018 ****61.25 Principal Place of Business Mailing Address 101 NORTHWEST 71 STREET 101 NORTHWEST 71 STREET MIAM! FL 33150 MIAMI FL 33150 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65 - 10 City & State City & State Applied For _for Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - - -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA. P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City 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: 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Detete TITLE Change ☐ Addition NAME GEORGES, LEONEL NAME STREET ADDRESS STREET ADDRESS 101 NORTHWEST 71 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33150 TITLE VD ☐ Delete TITLE ☐ Change ■ Addition JONASSAINT, BOB NAME NAME STREET ADDRESS STREET ADDRESS 101 NORTHWEST 71 STREET_ CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33150 TITLE SD ☐ Delete TITLE Change ☐ Addition NAME GENEVE, LUCKNER NAME STREET ADDRESS STREET ADDRESS 101 NORTHWEST 71 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33150 TITLE ☐ Delete TITLE Change ☐ Addition NAME THEVENIN, JEAN FEDET B NAME STREET ADDRESS STREET ADDRESS 101 NORTHWEST 71 STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33150** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 further employed do execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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