

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2002 8:00 am
Secretary of State

06-12-2002 90238 003 ****66.25

DOCUMENT # N97000002077

1. Entity Name

FREE METHODIST CHRISTIAN COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

**101 NORTHWEST 71 STREET
 MIAMI FL 33150**

**101 NORTHWEST 71 STREET
 MIAMI FL 33150**

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

65-1069139

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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 NAME	PD GEORGES, LEONEL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	101 NORTHWEST 71 STREET MIAMI FL 33150	
TITLE NAME	VD JONASSAINT, BOB	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	101 NORTHWEST 71 STREET MIAMI FL 33150	
TITLE NAME	SD GENEVE, LUCKNER	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	101 NORTHWEST 71 STREET MIAMI FL 33150	
TITLE NAME	T THEVENIN, JEAN FEDET B	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	101 NORTHWEST 71 STREET MIAMI FL 33150	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 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 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:

Georges Leonel
GEORGES, Leonel 6/6/02 305 754-4970

CR2E037 (9/01)