

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724863

**FILED**  
**Jun 15, 2014**  
**Secretary of State**  
**CC1723383912**

**Entity Name:** KILLIAN PINES UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

10755 S.W. 112TH STREET  
MIAMI, FL 33176

**Current Mailing Address:**

10755 S.W. 112TH STREET  
MIAMI, FL 33176

**FEI Number:** 59-1854296

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PATTERSON, JACK  
10520 SW 110 ST  
MIAMI, FL 33176 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title C  
Name PORTER, KELLI  
Address 10525 SW 109 ST  
City-State-Zip: MIAMI FL 33176

Title TR  
Name RAY, SELDEN  
Address 10420 SW 107 ST.  
City-State-Zip: MIAMI FL 33176

Title S  
Name STOKES, DEBBIE  
Address 11541 SW 98TH AVE  
City-State-Zip: MIAMI FL 33176

Title D  
Name GENNARO, BILL  
Address 12252 SW 102 TERR  
City-State-Zip: MIAMI FL 33186

Title T  
Name SARNACK, ROBERT  
Address 8130 SW 99 AVE  
City-State-Zip: MIAMI FL 33173

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT SARNACK**

**TREASURER**

**06/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date