

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90015 023 ****70.00

DOCUMENT # 715485 1. Entity Name UNIVERSITY CHRISTIAN CHURCH OF SOUTH MIAMI, FLORIDA, INC.					
Principal Place of Business 6750 SUNSET DR S MIAMI, FL 33143			Mailing Address 6750 SUNSET DR S MIAMI, FL 33143		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6137393	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LARSON, BRUCE 9321 SW 104TH CT MIAMI, FL 33176				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JACKSON, JOSEPH 6750 SUNSET DRIVE SOUTH MIAMI, FL 33143	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD LOPEZ, RAUL 6750 SUNSET DRIVE SOUTH MIAMI, FL 33143	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, HERB 6750 SUNSET DR S MIAMI, FL 33143	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOWETT, DOT 6750 SUNSET DRIVE SOUTH MIAMI, FL 33143	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>H. Rodriguez (T)</i>		3/11/07 3056614726			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			