2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Sep 12, 2005 8:00 am
Secretary of State
08-29-2005 90145 025 ****61.25

66027241

DOCUMENT # N02000002959

1. Entity Name
UNION FAITH IN GOD OF HOPE CHURCH BY THE CROSS WE CONQUER MINISTRY INC.

Principal Place of Business	Mailing Address
~~2734 N.W. 183RD STREET~~ ~~OPA LOCKA, FL 33054~~	~~8450 N. SHERMAN CIRCLE~~ ~~APT. E-208~~ ~~MIRAMAR, FL 33025~~

08232005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
18110 N.W. 7th AVE	18110 N.W. 7th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Gardens, Fl.	City & State: Miami Gardens, Fl.
Zip: 33169 Country: Dade	Zip: 33169 Country: Dade

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIS, ROBERT L 15330 N.W. 31ST AVENUE OPA LOCKA, FL 33054	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 September 7, 2005

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	CEO DAVID, ROBERT L PASTOR 15330 N.W. 31ST AVE OPA LOCKA, FL 33054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DAVIS, LASHAN 15330 N.W. 31ST AVE OPA LOCKA, FL 33054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAVIS, THELMA 809 N.W. 7TH AVE MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 09/06/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #