

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90172 014 ****61.25

DOCUMENT # N02000002959	
1. Entity Name UNION FAITH IN GOD OF HOPE CHURCH BY THE CROSS WE CONQUER MINISTRY INC.	

Principal Place of Business 18110 NW 7TH AVENUE MIAMI GARDENS, FL 33169	Mailing Address 18110 NW 7TH AVENUE MIAMI GARDENS, FL 33169
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40000000



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04232007 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent DAVIS, ROBERT L 15330 N.W. 31ST AVENUE OPA LOCKA, FL 33054		7. Name and Address of New Registered Agent Name Robert Lee Davis Street Address (P.O. Box Number is Not Acceptable) 18110 N.W. 7th Ave City miami Gardens FL Zip Code 33169	
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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 reappointing) 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
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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	Robert Lee Davis ☒ Change ☐ Addition 18110 N.W. 7th Ave Mia Gardens, FL 33169
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 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: Robert L. Davis **Robert L. Davis** 4/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #