

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004922 (0)
 1. Corporation Name
UNITED CHURCH INTERNATIONAL APOSTOLIC MINISTRIES, INC.



Principal Place of Business 12600 N.W. 4TH AVE. MIAMI FL 33168	Mailing Address 12600 N.W. 4TH AVE. MIAMI FL 33168
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3. Date Incorporated or Qualified 10/06/1994	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 65-0540802	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MULLINGS, CHARLES T
 20310 S.W. 79TH AVE.
 MIAMI FL 33189**

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLINGS, CHARLES T 20310 S.W. 79TH AVE. MIAMI FL 33189 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MULLINGS, GLORIA C 20310 S.W. 79TH AVE. MIAMI FL 33189 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAMES, DALTON W 12600 N.W. 4TH AVE. MIAMI FL 33168 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRUMMOND, ANSEL S %12600 N.W. 4TH AVE. MIAMI FL 33168 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	D VELOCIE BROWN 16150 S.W. 107th Ave. MIAMI, FLORIDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	D NESCETTA JACKSON 790 N.E. 146 STREET NORTH MIAMI, FL. 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	D SATIRA TAYLOR 7601 DILLON BLVD. MIRAMAR, FL. 33023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	D Emily Duncan 12815 N.W. 8th Ave MIAMI, FLORIDA 33168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	D MONICA Williams 10810 S.W. 123th Ave. MIAMI, FLORIDA 33177 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	STD GLORIA C. MULLINGS 20310 S.W. 79th Ave MIAMI, FLORIDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4-28-96** DAYTIME PHONE: **(305) 226-6585**

CR2E037 (12/95)

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ETTY BELLE WEBB
15210 N.E. 10th CT.
N. MIAMI BEACH, FL 33162

ADDITION