


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000004922

1. Entity Name
UNITED CHURCH INTERNATIONAL APOSTOLIC MINISTRIES, INC.



Principal Place of Business 1350 NE 125TH STREET #200 N MIAMI, FL 33161 US	Mailing Address 20310 SW 79 AVE MIAMI, FL 33189
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DO NOT WRITE IN THIS SPACE



04212004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0540802	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

MULLINGS, CHARLES T
 20310 S.W. 79TH AVE.
 MIAMI, FL 33189

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLINGS, GLORIA C 20310 S.W. 79TH AVE. MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MULLINGS, CHARLES C 20310 S.W. 79TH AVE. MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, MONICA 20810 SW 123RD AVE. MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, DENNIS 16851 NE 23RD AVENUE APT.305 N. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/29/04-80032-014 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gloria C. Mullings - GLORIA C. MULLINGS 4/23/04 305-255-8645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #