


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90008 041 \*\*\*\*70.00

<b>DOCUMENT # N94000004922</b>	
<b>1. Entity Name</b> UNITED CHURCH INTERNATIONAL APOSTOLIC MINISTRIES, INC.	

<b>Principal Place of Business</b> 1350 NE 125TH STREET #200 N MIAMI, FL 33161 US	<b>Mailing Address</b> 20310 SW 79 AVE MIAMI, FL 33189
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<b>2. Principal Place of Business - No P.O. Box #</b> 11303 N.E. 13th Ave.	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> MIAMI, FLORIDA	<b>City &amp; State</b>
<b>Zip</b> 33161	<b>Country</b> US

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
MULLINGS, CHARLES T 20310 S.W. 79TH AVE. MIAMI, FL 33189		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> VTD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> MULLINGS, GLORIA C		<b>NAME</b>	
<b>STREET ADDRESS</b> 20310 S.W. 79TH AVE.		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> MIAMI, FL 33189		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> PD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> MULLINGS, CHARLES C		<b>NAME</b>	
<b>STREET ADDRESS</b> 20310 S.W. 79TH AVE.		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> MIAMI, FL 33189		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> SD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> WILLIAMS, MONICA		<b>NAME</b>	
<b>STREET ADDRESS</b> 25560 SW 137TH AVE., #102		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> MIAMI, FL 33023		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> DUNCAN, DENNIS		<b>NAME</b>	
<b>STREET ADDRESS</b> 16851 NE 23RD AVENUE APT.305		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> N. MIAMI, FL 33161		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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:** CHARLES T. MULLINGS 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



04302007 Chg-NP CR2E037 (12/06)

**4. FEI Number**  
65-0540802

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

4/30/07 305-255-8645  
Date Daytime Phone #