

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004922

FILED
Apr 28, 2009
Secretary of State

Entity Name: UNITED CHURCH INTERNATIONAL APOSTOLIC MINISTRIES, INC.

Current Principal Place of Business:

11303 N.E. 13TH AVE.
N MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

20310 SW 79 AVE
MIAMI, FL 33189

New Mailing Address:

FEI Number: 65-0540802 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VTD () Delete
Name: MULLINGS, GLORIA C
Address: 20310 S.W. 79TH AVE.
City-St-Zip: MIAMI, FL 33189 US

Title: PD () Delete
Name: MULLINGS, CHARLES T
Address: 20310 S.W. 79TH AVE.
City-St-Zip: MIAMI, FL 33189

Title: SD () Delete
Name: WILLIAMS, MONICA
Address: 25560 SW 137TH AVE., #102
City-St-Zip: MIAMI, FL 33023

Title: D () Delete
Name: DUNCAN, DENNIS
Address: 16851 NE 23RD AVENUE APT.305
City-St-Zip: N. MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES T. MULLINGS

PD

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date