


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90172 027 ****70.00

DOCUMENT # N94000004922

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



Principal Place of Business Mailing Address


1350 NE 125TH STREET #200 N MIAMI FL 33161 US **20310 SW 79 AVE MIAMI FL 33189**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0540802** Applied For
Not Applicable

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**

7. Name and Address of New Registered Agent

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 **5/01/03**

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MULLINGS, GLORIA C	
STREET ADDRESS	20310 S.W. 79TH AVE.	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MULLINGS, CHARLES C	
STREET ADDRESS	20310 S.W. 79TH AVE.	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, MONICA	
STREET ADDRESS	20810 SW 123RD AVE.	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, VELORIE	
STREET ADDRESS	14060 SW 160TH TERR. APT.	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNCAN, DENNIS	
STREET ADDRESS	16851 NE 23RD AVENUE APT.305	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ~~SIGNATURE REQUIRED~~ **CHARLES C. MULLINGS 5/01/03-305255868**

CR2E037 (10/02)