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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **NA7000000266 (3) OK**
 1. Corporation Name
UNITED CHRISTIAN MISSIONS TO INDIA (UCMI) INC.

Principal Place of Business: **9814 SW 58th COURT COOPER CITY FL 33328**
 Mailing Address: **9814 SW 58th COURT COOPER CITY FL 33328**

2. Principal Place of Business		2a. Mailing Address UNITED CHRISTIAN MISSIONS TO INDIA		3. Date Incorporated or Qualified	
21		26	P.O. Box 2929 INDIA, FL 33329	01/13/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		DR 65-0722775	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

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

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABRAHAM, KUNNIPARAMPIL			1.2 NAME			
STREET ADDRESS	9814 SW 58th COURT			1.3 STREET ADDRESS			
CITY-ST-ZIP	COOPER CITY FL 33328			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABRAHAM, NINAN K			2.2 NAME			
STREET ADDRESS	9814 SW 58th COURT			2.3 STREET ADDRESS			
CITY-ST-ZIP	COOPER CITY FL 33328			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Thomas, PT			3.2 NAME			
STREET ADDRESS	PULIMOOTIL KOTTAKED HOUSE			3.3 STREET ADDRESS			
CITY-ST-ZIP	KERALA INDIA			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAMUEL CS			4.2 NAME			
STREET ADDRESS	JOSE BHAVEN KARUVATTA			4.3 STREET ADDRESS			
CITY-ST-ZIP	KERALA INDIA			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: **PRESIDENT, KUNNIPARAMPIL N. ABRAHAM** *Abraham* Date: **4/9/1999** Daytime Phone # _____

CR2E037 (1/99)