


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N11917** (4)  
1. Corporation Name  
**THE UNIVERSAL ASSEMBLY OF YAHWEH IN MIAMI, INC.**



Principal Place of Business <b>860 ARABIA AVENUE OPALOCK FL 33054</b>	Mailing Address <b>860 ARABIA AVENUE OPALOCK FL 33054-3004</b>
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3. Date Incorporated or Qualified <b>11/06/1985</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>579 N.E.</b> Suite, Apt. #, etc. <b>149<sup>th</sup> STREET</b> City & State <b>MIAMI. FL</b> Zip <b>33161</b> Country <b>DADE</b>	2a. Mailing Address 26 <b>860 ARABIA VE</b> Suite, Apt. #, etc. City & State <b>OPALOCKA. FL</b> Zip <b>33054</b> Country <b>DADE</b>
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4. FEI Number <b>59-2673578</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEOPOLD, KAREN S.  
20801 BISCAYNE BLVD.  
SUITE #501  
MIAMI 33180**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>PHILLIP, EVELYN</b>	
STREET ADDRESS	<b>860 ARABIA AVE.</b>	
CITY-ST-ZIP	<b>OPA LOCKA FL</b>	
TITLE	<b>SMD</b>	<input type="checkbox"/> DELETE
NAME	<b>GARRICK, ERROL</b>	
STREET ADDRESS	<b>860 ARABIA AVE</b>	
CITY-ST-ZIP	<b>OPA LOCKA FL</b>	
TITLE	<b>AD</b>	<input type="checkbox"/> DELETE
NAME	<b>BETHEL, BERNARD</b>	
STREET ADDRESS	<b>20805 N. MIAMI BEACH AV</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WHYTE, ELSIE</b>	
STREET ADDRESS	<b>1001 WYOMING</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>MARLENE Whigham</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>720 NW 141 STREET. FL</b>	
STREET ADDRESS	<b>ZIP 33168</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MARLENE Whigham (S.)</b>	
1.3 STREET ADDRESS	<b>720 NW 141 ST FL</b>	
1.4 CITY-ST-ZIP	<b>ZIP 33168</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Errol Garrick* President 3-6-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024952

CR2E037 (9/96)