


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000000266 (3) 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 P.O. BOX 2929 DAVIE FL 33329			
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			
22 City & State		27 City & State			
23 Zip Country		28 Zip Country			
24		25 29 30			
9. Name and Address of Current Registered Agent ABRAHAM, KUNNIPARAMPIL N 9814 SW 58TH COURT COOPER CITY FL 33328			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 Signature, typed or printed name of registered agent and title if applicable. (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 type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, P T		3.2 NAME		
STREET ADDRESS	PULMOOTIL 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, C J		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.

SIGNATURE: ABRAHAM, KUNNIPARAMPIL N
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Abraham N. 11/10/98
Date Daytime Phone # 0037842

CR2E037 (10/97)