

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90142 014 ****70.00

DOCUMENT # N97000000266 (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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address UNITED CHRISTIAN MISSIONS TO

26 P.O. Box 2929 India
DAVIE FL 33329

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

Country

3. Date Incorporated or Qualified

01/13/1997

4. FEI Number

DA 65-0722775

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

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

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 PD ☐ DELETE

NAME ABRAHAM, KUNNIPARAMPIL

STREET ADDRESS 9814 SW 58th COURT

CITY-ST-ZIP COOPER CITY FL 33328

TITLE D ☐ DELETE

NAME ABRAHAM, NINAN K

STREET ADDRESS 9814 SW 58th COURT

CITY-ST-ZIP COOPER CITY FL 33328

TITLE D ☐ DELETE

NAME Thomas, PT

STREET ADDRESS PULIMOOTIL KOTTAKED HOUSE

CITY-ST-ZIP KERALA INDIA

TITLE D ☐ DELETE

NAME SAMUEL CS

STREET ADDRESS SOSE BHAVEN KARIYATTA

CITY-ST-ZIP KERALA INDIA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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
4/9/1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)