


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90025 001 *****61.00
08-02-2004 90025 002 *****8.75

DOCUMENT # N11917	
1. Entity Name THE UNIVERSAL ASSEMBLY OF YAHWEH IN MIAMI, INC.	

Principal Place of Business 579 NE 149TH ST MIAMI FL 33161 US	Mailing Address 260 SW 167 AVE PEMBROKE PINES FL 33027 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (4/04)

4. FEI Number 59-2673578	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6.-Name and Address of Current Registered Agent LEOPOLD, KAREN S. 20801 BISCAYNE BLVD. SUITE #501 MIAMI FL 33180	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DT	NAME PHILLIP, EVELYN STREET ADDRESS 260 SW 167 AVE CITY-ST-ZIP PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SMD	NAME GARRICK, ERROL STREET ADDRESS 260 SW 167 AVE CITY-ST-ZIP PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	NAME BETHEL, BERNARD STREET ADDRESS 2625 SW 183 AVE CITY-ST-ZIP MIRAMAR FL 33029	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	NAME WHIGHAM, MARLENE STREET ADDRESS 2625 SW 183 AVE CITY-ST-ZIP MIRAMAR FL 33029	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME HENLON, TELSA STREET ADDRESS 1821 SW 124 WAY CITY-ST-ZIP MIRAMAR FL 33027	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **7-30-04 954 4503685**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #