

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90180 001 \*\*\*\*61.25  
05-06-2005 90180 002 \*\*\*\*\*8.75



<b>DOCUMENT # N11917</b> 1. Entity Name <b>THE UNIVERSAL ASSEMBLY OF YAHWEH IN MIAMI, INC.</b>					
Principal Place of Business <b>579 NE 149TH ST MIAMI FL 33161 US</b>			Mailing Address <b>260 SW 167 AVE PEMBROKE PINES FL 33027 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2673578</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LEOPOLD, KAREN S. 20801 BISCAYNE BLVD. SUITE #501 MIAMI FL 33180</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIP, EVELYN		NAME		
STREET ADDRESS	260 SW 167 AVE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33027		CITY-ST-ZIP		
TITLE	SMD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARRICK, ERROL <i>P/D/C</i>		NAME		
STREET ADDRESS	260 SW 167 AVE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33027		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BETHEL, BERNARD		NAME		
STREET ADDRESS	2625 SW 183 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33029		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHIGHAM, MARLENE		NAME		
STREET ADDRESS	2625 SW 183 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33029		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENLON, TELSA		NAME		
STREET ADDRESS	1821 SW 124 WAY		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33027		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE: <i>Errol Garrick</i> ERROL GARRICK 5-3-05 954 450 3685</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					