# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:00

DOCUMENT # 708967 (5)

1. Corporation Name

UNITED FAITH CHRISTIAN SOCIETY OF AMERICA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| DAVID PERRY PRESIDENT<br>14661 HARRISON STREET<br>MIAMI FL 33176 | DAVID PERRY PRESIDENT<br>14661 HARRISON STREET<br>MIAMI FL 33176 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1965
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-1834248 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

9. Name and Address of Current Registered Agent

FIELDS, ALVETA
~~2571 N.W. 18TH PLACE~~ 2200 N.W. 54 St. Apt # 406
MIAMI FL 33142 Miami Fl. 33142

10. Name and Address of New Registered Agent

81 Name: Alveta Fields
82 Street Address (P.O. Box Number is Not Acceptable): 2200 N.W. 54 Street - Apt #406
83
84 City: Miami FL 85 Zip Code: 33142

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | P/D | ☐ Change ☐ Addition |
| NAME | PERRY,DAVID | 1.2 NAME | PERRY, DAVID | |
| STREET ADDRESS | 14661 HARRISON ST. | 1.3 STREET ADDRESS | 14661 HARRISON ST. | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | ~~MIAMI, FL.~~ | |
| TITLE | VP | 2.1 TITLE | VP/T | ☐ Change ☐ Addition |
| NAME | HODO, CARRIE L | 2.2 NAME | Hodo, Carrie L | |
| STREET ADDRESS | 1609 NW 8TH AVE | 2.3 STREET ADDRESS | 1609 N. W. 8th Ave. | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 2.4 CITY-ST-ZIP | ~~Ft. Lauderdale, Fl.~~ | |
| TITLE | T | 3.1 TITLE | T/T | ☐ Change ☐ Addition |
| NAME | MURPHY, ADAM S | 3.2 NAME | Murphy, Adams | |
| STREET ADDRESS | 2490 NW 18 AVE | 3.3 STREET ADDRESS | 2490 N. W. 18 Ave. | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | Miami, Fl. | |
| TITLE | S | 4.1 TITLE | S/T | ☐ Change ☐ Addition |
| NAME | BROOK, ANNIE BELL (FIN) | 4.2 NAME | Brook,Annie Bell | |
| STREET ADDRESS | 2334 N.W. 13TH ST. | 4.3 STREET ADDRESS | 2334 N. W. 13th St. | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33311 | 4.4 CITY-ST-ZIP | ~~Ft. Lauderdale, Fl.~~ | |
| TITLE | VP | 5.1 TITLE | | ☒ Change ☐ Addition |
| NAME | BRYANT, CORNELIAS | 5.2 NAME | | |
| STREET ADDRESS | 10430 SW 170TH ST | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TERRINE FL | 5.4 CITY-ST-ZIP | | |
| TITLE | S | 6.1 TITLE | S/T | ☐ Change ☐ Addition |
| NAME | FIELDS, ALVETA | 6.2 NAME | Fields, Alveta | |
| STREET ADDRESS | 2571 N.W. 18TH PLACE | 6.3 STREET ADDRESS | 2200 N. W. 54th Street Apt.#406 | |
| CITY-ST-ZIP | MIAMI FL 33142 | 6.4 CITY-ST-ZIP | Miami, Fl. 33142 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Alveta Fields Board Secy. 2/17/95 1.305.633 4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6044804