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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708967

1. Corporation Name

UNITED FAITH CHRISTIAN SOCIETY OF AMERICA, INC.

Principal Place of Business

DAVID PERRY PRESIDENT
 14661 HARRISON STREET
 MIAMI FL 33176

Mailing Address

DAVID PERRY PRESIDENT
 14661 HARRISON STREET
 MIAMI FL 33176



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/19/1965
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1834248
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing <input type="checkbox"/>
24	25	\$5.00 May Be Added to Fees
	29	Trust Fund Contribution <input type="checkbox"/>
	30	

9. Name and Address of Current Registered Agent

MCCULLER, EVELYN
 10881 SW 22ND STREET
 GOULDS FL 33170

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	1.1 TITLE	PD
NAME	PERRY, DAVID	1.2 NAME	HODO, CARRIE L.
STREET ADDRESS	14661 HARRISON ST.	1.3 STREET ADDRESS	2790 SOMERSET DRIVE #Q201
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311
TITLE	VPT	2.1 TITLE	VPD
NAME	HODO, CARRIE L.	2.2 NAME	BESS, CORA
STREET ADDRESS	1609 NW 8TH AVE	2.3 STREET ADDRESS	11575 SW 215 STREET
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	MIAMI, FL 33189
TITLE	TT	3.1 TITLE	
NAME	MURPHY, ADAM S	3.2 NAME	
STREET ADDRESS	2490 NW 18 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	
NAME	BROOK, ANNIE BELL (FIN)	4.2 NAME	
STREET ADDRESS	2334 N.W. 13TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	
NAME	MCCULLER, EVELYN	5.2 NAME	
STREET ADDRESS	10881 SW 22ND STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	GOULDS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE:

Signature Required, PRESIDENT

01/29/99

954 485-7931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)