

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708967

1. Entity Name

UNITED FAITH CHRISTIAN SOCIETY OF AMERICA, INC.

FILED

Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90044 042 ****61.25

Principal Place of Business

Mailing Address

DAVID PERRY PRESIDENT
14661 HARRISON STREET
MIAMI FL 33176

DAVID PERRY PRESIDENT
14661 HARRISON STREET
MIAMI FLA 33176-7444

2. Principal Place of Business

3. Mailing Address

CARRIE L HODO, PRES.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2790 SOMERSET DR. #9201

City & State
LAUDERDALE LAKES, FLA

City & State

4. FEI Number

59-1834248

Applied For

Not Applicable

Zip
33311

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCULLER, EVELYN
10881 SW 22ND STREET
GOULDS FL 33170

Name CARRIE L. HODO - GR. PRES.

Street Address (P.O. Box Number is Not Acceptable)

2790 SOMERSET DR. #9201

City

LAUDERDALE LAKES

FL

Zip Code

33311

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HODO, CARRIE L
STREET ADDRESS 2790 SOMERSET DRIVE #Q201
CITY-ST-ZIP LAUDERDALE LAKES FL 33311

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME BESS, CORA
STREET ADDRESS 11575 SW 215TH STREET
CITY-ST-ZIP MIAMI FL 33189

TITLE ☒ Change ☐ Addition
NAME EVELYN, MCCULLER
STREET ADDRESS 10881 SW 22ND STREET
CITY-ST-ZIP GOULDS, FLA. 33170

TITLE TT ☐ Delete
NAME MURPHY, ADAM S
STREET ADDRESS 2490 NW 18 AVE
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME BROOK, ANNIE BELL (FIN)
STREET ADDRESS 2334 N.W. 13TH ST.
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☒ Delete
NAME MCCULLER, EVELYN
STREET ADDRESS 10881 SW 22ND STREET
CITY-ST-ZIP GOULDS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME BLANCHE JONES
STREET ADDRESS 131 S.W. 31ST AVE
CITY-ST-ZIP FT. LAUDERDALE, FLA 33312

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)