

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90179 002 ****61.25

DOCUMENT # 708967

1. Entity Name

UNITED FAITH CHRISTIAN SOCIETY OF AMERICA, INC.

Principal Place of Business

CARRIE L. HODO. PRES
2790 SOMERSET DR #Q201
LAUDERDALE LAKES FL 33311

Mailing Address

CARRIE L. HODO. PRES
2790 SOMERSET DR #Q201
LAUDERDALE LAKES FL 33311

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

59-1834248

Applied For

Not Applicable

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

HODO, CARRIE L GR-PRES
2790 SOMERSET DR #Q201
LAUDERDALE LAKES FL 33311

Name

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

City

FL

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.

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 **VP** ☐ Delete
 NAME **MCCULLER, EVELYN**
 STREET ADDRESS **10881 SW 22ND ST**
 CITY-ST-ZIP **GOULDS FL 33170**

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

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

TITLE ☐ Change ☒ Addition
 NAME **GR. TREASURER**
 STREET ADDRESS **CARS WELL WASHINGTON**
 CITY-ST-ZIP **11261 S.W. 220 ST.**

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 **MIAMI, FLA. 33170**

TITLE **GRS** ☐ Delete
 NAME **JONES, BLANCHE**
 STREET ADDRESS **131 S.W. 31ST AVE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

CARRIE L. HODO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-2001

Date

1-954-485-7931

Daytime Phone #

CR2E037 (10/00)