

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2002 8:00 am
Secretary of State**

02-01-2002 90052 027 ****61.25

DOCUMENT # 708967

1. Entity Name

UNITED FAITH CHRISTIAN SOCIETY OF AMERICA, INC.

Principal Place of Business

Mailing Address

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

CARRIE L HODO, GR. PRES

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

2821 SOMERSET DR. #209A**LAUDERDALE LAKES, FLA. 33311**

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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HODO, CARRIE L
2790 SOMERSET DRIVE #Q201
LAUDERDALE LAKES FL 33311** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MCCULLER, EVELYN
10881 SW 222ND ST
GOULDS FL 33170** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**GRT
WASHINGTON, CARSWELL
11261 SW 220 ST
MIAMI FL 33170** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
BROOK, ANNIE BELL (FIN)
2334 N.W. 13TH ST.
FT. LAUDERDALE FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**GRS
JONES, BLANCHE
131 S.W. 31ST AVE
FORT LAUDERDALE FL 33312** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)