

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90249 032 ****61.25

DOCUMENT # 708967

1. Entity Name

UNITED FAITH CHRISTIAN SOCIETY
OF AMERICA INC. (NON-PROFIT)



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2821 SOMERSET DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

209

City & State

City & State

LAUDERDALE LKS. FLA.

Zip

Country

Zip

Country

33311

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

CARRIE L Hodo

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

2821 SOMERSET DR. #209

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
GRAND PRESIDENT	CARRIE L. Hodo	2821 SOMERSET DR. #209	LAUD LKS FLA
1ST V. PRESIDENT	EVELYN McCULLER	10871 S.W. 22nd ST	MIAMI FLA 33170
GR. RECD SECT	BLANCHE JONES	131 S.W. 31ST	FT. LAUD. FLA. 33312
GR. FINANCIAL SECT	ANNIE B. BROOKS	2334 N.W. 13TH ST.	FT. LAUDERDALE, FLA.
GR. TRUSTEE	CORA BESS	11575 S.W. 215 ST	MIAMI FLA 33189
GR. TREASURER	CARSWELL WASHINGTON	11261 S.W. 220 ST	MIAMI FLA. 33170

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 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 #

CR2E034B (12/02)