


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90192 050 \*\*\*\*70.00

<b>DOCUMENT # 715485</b>				
1. Entity Name UNIVERSITY CHRISTIAN CHURCH OF SOUTH MIAMI, FLORIDA, INC.				
Principal Place of Business 6750 SUNSET DR S MIAMI, FL 33143		Mailing Address 6750 SUNSET DR S MIAMI, FL 33143		
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 59-6137393
				Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

14006063



04132004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LARSON, BRUCE 9321 SW 104TH CT MIAMI, FL 33176				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, JOE		NAME	Joseph Jackson	
STREET ADDRESS	6750 SUNSET DRIVE		STREET ADDRESS	6750 Sunset Drive	
CITY-ST-ZIP	SOUTH MIAMI, FL 33143		CITY-ST-ZIP	S. Miami, FL 33143	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VC/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALLADARES, ROSE		NAME	Raul Lopez	
STREET ADDRESS	6750 SUNSET DRIVE		STREET ADDRESS	6750 Sunset Drive	
CITY-ST-ZIP	SOUTH MIAMI, FL 33143		CITY-ST-ZIP	S. Miami, FL 33143	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, HERB		NAME	Dot Howett	
STREET ADDRESS	6750 SUNSET DR		STREET ADDRESS	6750 Sunset Drive	
CITY-ST-ZIP	S MIAMI, FL 33143		CITY-ST-ZIP	S. Miami, FL 33143	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTRADA, HECTOR M		NAME		
STREET ADDRESS	6750 SUNSET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SOUTH MIAMI, FL 33143		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04 (305) 661-6666  
 Date Daytime Phone #