FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:24

DOCUMENT # 743572 (0)

1. Corporation Name
THE UNITED PROTESTANT APPEAL, INC.

Principal Place of Business	Mailing Address
195 SW 15TH ROAD, SUITE 405 MIAMI FL 33129	195 SW 15TH ROAD, SUITE 405 MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1978	3a. Date of Last Report: 06/23/1994
4. FEI Number: 59-1955011	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

EASTMAN, REV. CHARLES L.
195 SW 15TH ROAD, SUITE 405
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City: FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE		XX Change ☐ Addition
NAME	KOON, W., BERNARD, CPA	1.2 NAME		
STREET ADDRESS	540 NW 165TH ST RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	33169	
TITLE	~~PD~~	2.1 TITLE	Vice President	XX Change ☐ Addition
NAME	~~LIVINGSTON, ROBERT~~	2.2 NAME	Jones, Jesse	
STREET ADDRESS	~~4680 SW 74TH ST~~	2.3 STREET ADDRESS	7605 SW 125 Street	
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP	Miami, FL 33156	
TITLE	~~SD~~	3.1 TITLE	Secretary	XX Change ☐ Addition
NAME	~~MILLEDGE, EVALYN~~	3.2 NAME	Smith, William	
STREET ADDRESS	~~770 CLAUGHTON ISL DR~~	3.3 STREET ADDRESS	621 NE 55 Street	
CITY-ST-ZIP	~~MIAMI FL~~	3.4 CITY-ST-ZIP	Miami, FL 33137	
TITLE	~~VD~~	4.1 TITLE	President	XX Change ☐ Addition
NAME	BUDDE, ROLLO	4.2 NAME		
STREET ADDRESS	832 BENVENTO AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	33146	
TITLE	ED	5.1 TITLE		XX Change ☐ Addition
NAME	EASTMAN, REV. CHARLES L.	5.2 NAME		
STREET ADDRESS	195 SW 15TH RD #405	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	33129	
TITLE		6.1 TITLE	Associate Director	☐ Change XX Addition
NAME		6.2 NAME	Hutchinson, Warner	
STREET ADDRESS		6.3 STREET ADDRESS	195 SW 15 Road, #405	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33129	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1-25-95
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date

CHARLES EASTMAN, EXEC DIR — Daytime Phone # 305/858-4649

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