

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

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MIAMI FL 33129



3. Date Incorporated or Qualified

07/14/1978

4. FEI Number

59-1955011

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TO ☐ DELETE

NAME KOON, W., BERNARD, CPA
STREET ADDRESS 540 NW 165TH ST RD #209
CITY-ST-ZIP MIAMI FL 33169

TITLE VP ☒ DELETE

NAME JONES, JESSE
STREET ADDRESS 7605 SW 125 ST
CITY-ST-ZIP MIAMI FL

TITLE S ☒ DELETE

NAME SMITH, WILLIAM H JR
STREET ADDRESS 1005 LAKEMONT CIR.
CITY-ST-ZIP WINTER PARK FL 32782

TITLE P ☒ DELETE

NAME HUTSON, JAMES M.D.
STREET ADDRESS 1650 NW 9 STREET
CITY-ST-ZIP MIAMI FL 33125

TITLE D ☒ DELETE

NAME BRUMBAUGH, CAROLINE
STREET ADDRESS 9050 SW 52 AVE.
CITY-ST-ZIP MIAMI FL 33143

TITLE D ☒ DELETE

NAME MILLEDGE, EVALYN
STREET ADDRESS 770 CLAUGHTON ISLAND DR. #608
CITY-ST-ZIP MIAMI FL 33131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Jones, Jesse
1.3 STREET ADDRESS 7605 S.W. 125 St.
1.4 CITY-ST-ZIP Miami, FL 33156

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME HUNT, PAUL
2.3 STREET ADDRESS 5621 S.W. 64th St.
2.4 CITY-ST-ZIP Miami, FL 33143

3.1 TITLE S ☒ Change ☐ Addition

3.2 NAME Milledge, Evalyn
3.3 STREET ADDRESS 770 Claughton Island Dr., #608
3.4 CITY-ST-ZIP Miami, FL 33131

4.1 TITLE P ☒ Change ☐ Addition

4.2 NAME Shelley, Robert J.
4.3 STREET ADDRESS 1080 Lugo Avenue
4.4 CITY-ST-ZIP Coral Gables, FL 33156

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Sell, Mark
5.3 STREET ADDRESS 58 N.W. 98th St
5.4 CITY-ST-ZIP Miami Shores, FL 33150

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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: Mr. Jesse Jones - Director

July 09, 1998 (305) 858-4649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)