

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 745137**

1. Entity Name  
**UNITED CHURCH OF GOD-FLORIDA DISTRICT, INC.**



Principal Place of Business  
**1151 NW 27TH AVE  
FT LAUDERDALE, FL 33311**

Mailing Address  
**1151 NW 27TH AVE  
FT LAUDERDALE, FL 33311**



02062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**8. Name and Address of Current Registered Agent**

**BASS, PHILLIP  
7840 ORLEAN STREET  
MIRAMAR, FL 33023**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	S
NAME	MOSLEY, DOROTHY
STREET ADDRESS	1043 NW 13TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	BM
NAME	STOKES, CLYDE JR
STREET ADDRESS	8240 NW 52ND ST
CITY-ST-ZIP	LAUDERHILL, FL 33351
TITLE	T
NAME	PONDER, RALPH
STREET ADDRESS	3190 NW 4 PL
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	VD
NAME	STEELE, LENZY
STREET ADDRESS	1300 NW 1ST STREET
CITY-ST-ZIP	DANIA, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000629489  
02/19/07-80002-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

2-6-07 (954) 632-1212