

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90003 033 ****61.25

DOCUMENT # 767618 ✓

1. Corporation Name

UNITED SPIRITUAL CHURCH OF CHRIST UPON THE ROCK,
INC.

Principal Place of Business

UNITED SPIRITUAL CHURCH OF CHRIST
FT. LAUDERDALE FL 33312
US

Mailing Address

181 VERMONT AVENUE
FT. LAUDERDALE FL 33912
US



2. Principal Place of Business

21 United Spiritual Church of Christ
Suite, Apt. #, etc.

2a. Mailing Address

25 181 Vermont Ave.
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

03/23/1983

4. FEI Number

65-0080509

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

23 City & State

FT. Laud, Fla.

28 City & State

FT. Laud, Fla.

24 Zip

33312

Country

25 Broward

29 Zip

33312

Country

30 Broward

9. Name and Address of Current Registered Agent

BISHOP JOHN SNELL
181 VERMONT AVENUE
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name

Same

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

83

84 City

FT. Laud

FL

85 Zip Code

33312

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

X Bishop John Snell

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

(NOTE: Registered Agent signature required when reinstating)

7-12-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
SNELL, BISHOP JOHN
STREET ADDRESS 181 VERMONT AVE
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE ☐ DELETE

NAME SD
SNELL, LOUISE
STREET ADDRESS 3008 NW 7TH CT
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME TD
HURST, LESIA
STREET ADDRESS 2626 NW 6TH CT
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME D
DAVIS, CYNTHIA
STREET ADDRESS 1770 NW 7TH CT
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: X Bishop John Snell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-99 (954) 797-0156

Date

Daytime Phone #

CR2E037 (5/99)

0014521