

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 769405 (2)

1. Corporation Name

UNITED PENTECOSTAL CHURCH, INC.



Principal Place of Business

Mailing Address

% CHARLES HARRIS
2104 NW 152 TERR.
OPA LOCKA FL 33054
US

% CHARLES HARRIS
2104 NW 152 TERR.
OPA LOCKA FL 33054
US

3. Date Incorporated or Qualified
07/15/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, CHARLES
5701 N.W. 4 AVE.
MIAMI FL

33127

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 PD ☐ DELETE

NAME HARRIS, CHARLES
STREET ADDRESS 5701 N.W. 4 AVE.
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME FRANCOIS, CHARLENE
STREET ADDRESS 5701 N.W. 4 AVE.
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME HARRIS, ERMA O.
STREET ADDRESS 5701 N.W. 4 AVE.
CITY-ST-ZIP MIAMI FL

TITLE STD ☐ DELETE

NAME MCNICHOLS, SALOME
STREET ADDRESS 2825 N.W. 212 ST.
CITY-ST-ZIP MIAMI FL

TITLE DCA ☐ DELETE

NAME RIVER, J. B.
STREET ADDRESS 3020 N.W. 159TH ST.
CITY-ST-ZIP OPALOCKA FL

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 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)(k), 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:

Charles Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-96

CR2E037 (12/95)