

FILE NOW: FILING FEE IS \$61.25

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98 JUN -8 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

4. FEI Number

25-8466390

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. 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

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)

800002553308-6

83

-06/09/98--01072--009

84 City

*****78.75 FL *****78.75

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ DELETE

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

☒ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE TREASURER
1.2 NAME MAGGIE DAVIS
1.3 STREET ADDRESS 3620 N.W. 175 ST.
1.4 CITY-ST-ZIP MIAMI, FL 33055

☐ Change

☒ Addition

2.1 TITLE TEACHER
2.2 NAME ORIENT MILLER
2.3 STREET ADDRESS 2825 N.W. 212 ST.
2.4 CITY-ST-ZIP MIAMI, FL 33056

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Charles Harris

Charles Harris

2/10/98 (305) 620 2747

CR2E037 (1097)