

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # 769405

1. Entity Name  
UNITED PENTECOSTAL CHURCH INC.



Principal Place of Business  
2104 NW 152ND TERRACE  
OPA LOCKA, FL 33054 US

Mailing Address  
18050 NW 36TH AVENUE  
OPA LOCKA, FL 33056

FILED  
Feb 04, 2004 08:00 AM  
Secretary of State



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2469307 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARRIS, CHARLENE  
18050 NW 36 AVE  
OPA LOCKA, FL 33056

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 Charlene Harris  
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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARRIS, CHARLENE
STREET ADDRESS	18050 NW 36 AVE
CITY-ST-ZIP	OPA LOCKA, FL 33056
TITLE	B
NAME	HARRIS, CHARLES
STREET ADDRESS	5701 NW 4TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	D
NAME	HARRIS, IRMA
STREET ADDRESS	5701 NW 4TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	SD
NAME	MCNICHOLS, SALOME
STREET ADDRESS	2825 NW 212TH STREET
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	T
NAME	DAVIS, MAGGIE
STREET ADDRESS	3620 N.W. 175 ST
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/04-80033-009 61.25

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12. 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 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: Charlene Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 281-1970