


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90044 044 ****61.25

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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2469307	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARRIS, CHARLENE 18050 NW 36 AVE OPA LOCKA, FL 33056			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 <u>Charlene Harris Charlene Harris (Pastor)</u>				DATE <u>1/20/05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, CHARLENE		NAME		
STREET ADDRESS	18050 NW 36 AVE		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA, FL 33056		CITY-ST-ZIP		
TITLE	B	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARRIS, CHARLES		NAME	Charles Casimer	
STREET ADDRESS	5701 NW 4TH AVENUE		STREET ADDRESS	5701 NW 4 Av	
CITY-ST-ZIP	MIAMI, FL 33127		CITY-ST-ZIP	Miami Fla 33127	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARRIS, IRMA		NAME	Vilia Francois	
STREET ADDRESS	5701 NW 4TH AVENUE		STREET ADDRESS	10065 NW 70th Apt 3c	
CITY-ST-ZIP	MIAMI, FL 33127		CITY-ST-ZIP	Miami Fla 33150	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCNICHOLS, SALOME		NAME		
STREET ADDRESS	2825 NW 212TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33055		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, MAGGIE		NAME		
STREET ADDRESS	3620 N.W. 175 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33055		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Anthony Outler	
STREET ADDRESS			STREET ADDRESS	P.O. Box 640072	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Fla 33164	
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: <u>Charlene Harris Charlene Harris</u>				DATE: <u>1/20/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE #: <u>(305) 299-7742</u>	