

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769405

FILED
Jan 13, 2009
Secretary of State

Entity Name: UNITED PENTECOSTAL CHURCH INC.

Current Principal Place of Business:

2104 NW 152ND TERRACE
OPA LOCKA, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

18050 NW 36TH AVENUE
OPA LOCKA, FL 33056

New Mailing Address:

FEI Number: 59-2469307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARRIS, CHARLENE
Address: 18050 NW 36 AVE
City-St-Zip: OPA LOCKA, FL 33056

Title: D () Delete
Name: ANESTOR, BRUCELIA
Address: 5701 NW 4 AVE
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: FRANCOIS, VILIA
Address: 10065 NW 7 CT APT C3C
City-St-Zip: MIAMI, FL 33150

Title: SD () Delete
Name: MCNICHOLS, SALOME
Address: 2825 NW 212TH STREET
City-St-Zip: MIAMI, FL 33055

Title: T () Delete
Name: FRANCOIS, ARAMI
Address: 8620 N. SHERMAN CIR.
City-St-Zip: HOLLYWOOD, FL 33025

Title: C () Delete
Name: FARMER, BEVERLY
Address: 5701 NW 4 AVE
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLENE HARRIS

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date