

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769405

1. Entity Name
UNITED PENTECOSTAL CHURCH INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV -7 AM 8:00

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

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WELCH, RODNEY
3111 NW 6TH STREET
FORT LAUDERDALE, FL 33311

7. Name and Address of New Registered Agent

Name **Charlene Harris**
Street Address (P.O. Box Number is Not Acceptable)

18050 NW 36 AV

City **OPA LOCKA**

FL

Zip Code **33056**

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)

11/64/03
DATE

FILE NOW: FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME WELCH, RODNEY
STREET ADDRESS 3111 NW 6TH STREET
CITY-ST-ZIP FT LAUDERDALE, FL 33311

TITLE D ☐ Delete
NAME HARRIS, CHARLES
STREET ADDRESS 5701 NW 4TH AVENUE
CITY-ST-ZIP MIAMI, FL 33127

TITLE D ☐ Delete
NAME HARRIS, IRMA
STREET ADDRESS 5701 NW 4TH AVENUE
CITY-ST-ZIP MIAMI, FL 33127

TITLE SD ☐ Delete
NAME MCNICHOLS, SALOME
STREET ADDRESS 2825 NW 212TH STREET
CITY-ST-ZIP MIAMI, FL 33055

TITLE T ☐ Delete
NAME DAVIS, MAGGIE
STREET ADDRESS 3620 N.W. 175 ST
CITY-ST-ZIP MIAMI, FL 33055

TITLE S ☒ Delete
NAME NESMITH, PATRICIA
STREET ADDRESS 396 NW 16TH COURT
CITY-ST-ZIP POMPANO BEACH, FL 33069

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Charlene Harris
STREET ADDRESS 18050 NW 36 AV
CITY-ST-ZIP OPA LOCKA, FL 33056

TITLE ☒ Change ☐ Addition
NAME Bishop Harris
STREET ADDRESS 5701 NW 4 AV
CITY-ST-ZIP MIAMI, FL 33127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11/04/03

Date

(305) 628-1970

Daytime Phone #

CR2E037 (10/02)