2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007
Secretary of State

DOCUMENT# F06000000954

Entity Name: THE UNIQUENESS OF CHRIST INTERNATIONAL MINISTRIES, INCORPORATED

Current Principal Place of Business:

5798 SILVERSANDS CIRCLE
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

5798 SILVERSANDS CIRCLE
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 83-0375622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MYLES, ISABELLE B PASTOR
5798 SILVERSANDS CIRCLE
KEYSTONE HEIGHTS, FL 32656 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: PCEO ( ) Delete
Name: MYLES, ISABELLE B PASTOR
Address: 5798 SILVERSANDS CIRCLE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VCFO ( ) Delete
Name: MAYFIELD, STEPHANIE R
Address: 5798 SILVERSANDS CIRCLE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: S ( ) Delete
Name: SJOBERG, CHRISTINA
Address: 5798 SILVERSANDS CIRCLE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: T ( ) Delete
Name: MYLES, ROBERT R
Address: 5700 ALTAMA AVE #56
City-St-Zip: BRUNSWICK, GA 31520

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PASTOR ISABELLE B MYLES CFO 04/02/2007

Electronic Signature of Signing Officer or Director — Date