


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000003563</b> 1. Entity Name <b>UNITED FAITH CHRISTIAN MINISTRIES, INC.</b>		
Principal Place of Business <b>12401 CASHEROS COVE COURT JACKSONVILLE, FL 32225</b>	Mailing Address <b>PO BOX 350785 JACKSONVILLE, FL 32235</b>	



03022005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3675593</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BENNETT, ALVIN  
12401 CASHEROS COVE COURT  
JACKSONVILLE, FL 32225**

**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 \_\_\_\_\_

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BENNETT, ALVIN 12401 CASHEROS COVE COURT JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD THOMAS, WILBERT III 12401 CASHEROS COVE COURT JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BENNETT, CHARLEEN 12401 CASHEROS COVE COURT JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000360534  
05/05/05-80035-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: *Alvin Y Bennett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-29-05*

Date

Daytime Phone #