



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000003563 1. Entity Name UNITED FAITH CHRISTIAN MINISTRIES, INC.	
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Principal Place of Business 12401 CASHEROS COVE COURT JACKSONVILLE, FL 32225	Mailing Address PO BOX 350785 JACKSONVILLE, FL 32235
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FILED
07 SEP 18 AM 11:31
CLERK OF STATE
TALLAHASSEE, FLORIDA



09132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3675593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BENNETT, ALVIN 12401 CASHEROS COVE COURT JACKSONVILLE, FL 32225
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	600109562919 09/18/07--01021--005 **61.25
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 T. Bennett ALVIN T. BENNETT 9/12/07 (904) 226-1877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #