


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90088 035 ****70.00

DOCUMENT # N01000000064							
1. Entity Name: UNITED EVANGELICAL CHRISTIAN CHURCH MISSION INC							
Principal Place of Business 447 SW 7 HOMESTEAD, FL 33030			Mailing Address 27030 SW 142 AVE NARANJA, FL 33032				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 65-1069298				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			7. Name and Address of New Registered Agent				
FLORVIL, TELESFORT L REV <i>BUS HOP</i> 27030 SW 142 AVE NARANJA, FL 33032			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	<i>president</i>	<input type="checkbox"/> Delete	TITLE	<i>Reverend Marisa A Florvil</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FLORVIL, TELESFORT L REV		NAME	<i>26735 SW 144 Ave</i>	<i>D</i>		
STREET ADDRESS	27030 SW 142 AVE		STREET ADDRESS	<i>HOMESTEAD, FL 33032</i>			
CITY-ST-ZIP	NARANJA, FL 33032		CITY-ST-ZIP				
TITLE	<i>AS</i>	<input type="checkbox"/> Delete	TITLE	<i>Deacon</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FLORVIL, FRANSOISE		NAME	<i>HILAIRE NIXON</i>	<i>S</i>		
STREET ADDRESS	422 NW 4TH		STREET ADDRESS	<i>517 NW 8 Ave Pt 825</i>			
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP	<i>Florida City FL 33034</i>			
TITLE	<i>DT</i>	<input checked="" type="checkbox"/> Delete	TITLE	<i>JN Joseph Edgard</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NAZAIRE, JOSEPH		NAME	<i>350 NE 18th Ave Apt 102 T</i>			
STREET ADDRESS	138 NW 2TH AVENUE		STREET ADDRESS	<i>Deacon</i>			
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP	<i>APT 33033</i>			
TITLE	<i>T</i>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BONDTEMPS, JESULA		NAME				
STREET ADDRESS	622 NW 4TH AVE		STREET ADDRESS				
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP				
TITLE	<i>S</i>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VELIMA, JAROLE		NAME				
STREET ADDRESS	562 NW 15TH		STREET ADDRESS				
CITY-ST-ZIP	FLORIDA CITY, FL		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <i>Robert L. Florvil</i>				Date _____ Daytime Phone # _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							