

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



02112008 No Chg-NP CR2E037 (4/06)

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

**FLORVIL, TELESFORT L REV
 27030 SW 142 AVE
 NARANJA, FL 33032**

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

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	D FLORVIL, TELESFORT L REV 27030 SW 142 AVE NARANJA, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORVIL, FRANSOISE 422 NW 4TH HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLRVIL, MARISA REV. 26735 SW 144 AVE. HOMESTEAD, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIXON, HILARIE 517 NW 8TH PT. 825 HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDGARD, JOSEPH JN 350NE 18TH AVE APT. 102 HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000855154
 03/27/08-80038-010 70.00

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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: *Telesfort Florvil*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____