

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000087

FILED
Jan 26, 2009
Secretary of State

Entity Name: UNITY FELLOWSHIP CHURCHES OF DELIVERANCE, INC.

Current Principal Place of Business:

7975 NW 22ND AVE
BLDG. CHURCH
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

4925 NW 12 AVE
HOUSE
MIAMI, FL 33147

New Mailing Address:

FEI Number: 01-0564200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, WILLIE
731 NW 45 STREET
MIAMI, FL 33127 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: PD () Delete
Name: ROBINSON, WILLIE
Address: 731 NW 45 STREET
City-St-Zip: MIAMI, FL 33127

Title: VD () Delete
Name: JOHNSON, MARK A
Address: 731 NW 45 STREET
City-St-Zip: MIAMI, FL 33127

Title: TD () Delete
Name: THOMAS, LOGIA
Address: 1855 NW 46 ST.
City-St-Zip: MIAMI, FL 33142

Title: SD () Delete
Name: THOMAS, DEBRA
Address: 1855 NW 46 ST.
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: KNOX, LESLEY
Address: 3034 DEERFIELD WAY
City-St-Zip: REX, GA 30273

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 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: WILLIE ROBINSON

MR.

01/26/2009

Electronic Signature of Signing Officer or Director

Date