

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2003 8:00 am
Secretary of State

09-05-2003 90105 003 ****61.25

DOCUMENT # N02000002959

1. Entity Name

UNION FAITH IN GOD OF HOPE CHURCH BY THE CROSS/W
E CONQUER MINISTRY INC.



Principal Place of Business

15330 N.W. 31ST AVENUE
OPA LOCKA FL 33054

Mailing Address

15330 N.W. 31ST AVENUE
OPA LOCKA FL 33054

55056688

2. Principal Place of Business

2734 N.W. 185th St.

3. Mailing Address

15330 N.W. 31st Ave

Suite, Apt. #, etc.

opa locka, fl.

Suite, Apt. #, etc.

opa locka fl.

City & State

florida

City & State

opa locka fl.

Zip

33054

Country

U.S.A.

Zip

33054

Country

U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, ROBERT L

15330 N.W. 31ST AVENUE
OPA LOCKA FL 33054

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
Pastor, C.E.O.
Robert L. Davis
STREET ADDRESS 15330 N.W. 31st Ave same
CITY-ST-ZIP opa locka, fl-33054

TITLE NAME ☐ Delete
Secretary
LASHAN DAVIS same
STREET ADDRESS 15330 N.W. 31st Ave opa locka fl-33054
CITY-ST-ZIP

TITLE NAME ☐ Delete
TREASURER
THELMA DAVIS
STREET ADDRESS 809 N.W. 7th Ave miami, fl-33136
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Davis 09/03/03 305 970-4324

Date

Daytime Phone #

CR2E037 (4/03)